

# ELITE GYMNASTICS, INC.

## REGISTRATION FORM

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HM) \_\_\_\_\_ Driver's License# \_\_\_\_\_

Work# (mother) \_\_\_\_\_ Work# (father) \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Email address \_\_\_\_\_  Please do not email me

Health Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

I hereby understand that I am responsible for the above child's tuition which is to be paid by the 1<sup>ST</sup> of each month. If tuition is not paid by the 10<sup>th</sup> of the month, I understand I will be assessed with up to \$10.00 per month late charge. I also understand that it is my responsibility to notify Elite Gymnastics in writing 30 days in advance if the above registered child is going to drop from the program. If I do not do so, I will be obligated to pay monthly tuition. I also understand there will be a \$25.00 charge for any NSF (Non-sufficient fund) checks. I understand that if my tuition becomes more than 30 days delinquent of late, I will be obligated to pay interest on the amount outstanding or due at 18% APR. I also understand that if ELITE Gymnastics, Inc retains an attorney to collect any past due amount that I will obligate to pay all attorney fees and cost, including court cost incurred to collect this debt.

We, the undersigned, parents, or legal guardians of the Applicant whose name appears above, recognize that there is a substantial risk of injury arising from the applicant's participation in the programs of Elite Gymnastics, therefore in consideration of such applicant's participation in the programs at Elite Gymnastics, hold harmless the said Elite Gymnastics, its officers, instructors, employees, and representatives from any and all liability, loss or damage, including reasonable attorney's fee resulting from resulting claims, causes of action, demands, cost of judgments against the said Elite Gymnastics, its officers, instructors, without limitation, any injury, illness or accident, to such Applicant's arising from such Applicant's participation in any way in any programs, course of instruction or travel with the said Elite Gymnastics. We further expressly give a member of the staff of Elite Gymnastics the power to consent to medical treatment during any emergency situation for health and safety of my child, in the event I/We cannot be immediately contacted. Upon signing, I give my permission to Elite Gymnastics Inc. for photographs or video to be taken for the purpose of, and use in, publications, promotions, and/or for other reasons that could expose a recognizable member of my family to the public.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

Registration fee \_\_\_\_\_ Base Charge \_\_\_\_\_ Pro-rated \_\_\_\_\_

Age Group \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_