

HOPES AND DREAMS GYMNASTICS REGISTRATIOM FORM



Mothers Name _____ Phone # _____ Email _____
Father's Name _____ Phone # _____ Email _____
Emergency Contact _____ Phone # _____
Billing Address _____ City _____ State _____ Zip _____
How did you hear about Hopes & Dreams Gymnastics? _____

Tuition is paid monthly and is due on the first day of each month. A late fee will be added to your account if the payment is not received by closing on the 8th. If tuition is not paid by closing on the 15th of the month your child will be dropped from his/her class. Payments may be made at the front desk, by mail, or by phone. We accept cash, checks (made payable to Hopes & Dreams Gymnastics) as well as Visa/MC. We also offer an automatic tuition payment plan.

_____ Yes, I accept enrollment in Hopes & Dreams Gymnastics Auto Pay Program. I understand that my credit card will be billed for tuition and any other outstanding charges on the first day of each month.

_____ If I fail to provide Hopes & Dreams Gymnastics with a written drop notice by the end of my last month, I will pay that month's tuition.

Card Type: Visa Mc Card # _____ Exp. ____ / ____ Civ# _____

Billing Address (if different): _____ City _____ State _____ Zip _____

Please initial each of these policies and sign below

_____ Returned checks are subject to a \$25 insufficient funds charge, which will be added to your account.

_____ There is a registration fee due when you register your child for class. This registration fee is non-refundable and must be paid with the first month's tuition. The annual registration fee will be due on June 1st of each year.

_____ **Dropping a class is permitted only with written notice to the office.** Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable. **Drop notices must be given prior to the final class of the month your child is to attend. If you do not follow our drop policy you will be obligated to pay tuition for your child's class until they are dropped per our procedure.** Please note that if the student temporarily drops from a class, their spot in that class will not be guaranteed at the time of re-enrollment. (Dropping relinquishes your spot in that class.)

_____ Transferring/ Make-up classes is permitted so long as there is space available in an appropriate class and it is arranged through the front desk. Hopes & Dreams Gymnastics reserves the rights to refuse transfers/ make-up classes if and/or when this privilege has been abused. WE DO NOT REFUND, DISCOUNT, OR PRORATE if the student is absent. Attendance is kept and if your child is absent you will be able to schedule a make-up class.

_____ **Holidays, Closings, And Cancellations Do Not Constitute A Make-up Day.** Nor do we refund, discount, or prorate if we cancel classes. We reserve the right to cancel any class at any time.

_____ Photo Release- I hereby give my permission for Hopes & Dreams to take my child(ren)'s photograph and use or publish the likeness for Hopes & Dreams purposes and I release Hopes & Dreams Gymnastics any claims for such use.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.

Signature _____

Date _____

Child's Name _____ DOB ___/___/___ M or F

Child's Name _____ DOB ___/___/___ M or F

Child's Name _____ DOB ___/___/___ M or F

Medical Conditions, If any _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the Hopes & Dreams Gymnastics I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participations in the activity.

I hereby release, discharge, and covenant not to sue Hopes & Dreams Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and , if applicable, owners and lessors of premises' on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability , claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES", or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant Date

PARENTAL CONSENT

I, The minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASEE may incur as the result of any such claim.

Printed name of participant Date

Signature of Parent/or Legal Guardian

Child 1 _____
Registration Fee _____
First Months Tuition _____
TTL \$ _____

Start Date _____

Day/Time _____

Coach/Class _____

Child 2 _____
Registration Fee _____
First Months Tuition _____
TTL \$ _____

Start Date _____

Day/Time _____

Coach/Class _____

Child 3 _____
Registration Fee _____
First Months Tuition _____
TTL \$ _____

Start Date _____

Day/Time _____

Coach/Class _____

