

The Gymnastics Zone Registration Form

820 Anita Ave. Antioch, IL. 60002 (847)838-4775 thegymnasticszone.com

1st Family Member

Child's Name: _____

D.O.B. _____ Age _____

Medical
Conditions/Allergies _____

Reaction &
Treatment _____

Class: _____

Class Code: Office use only _____

2nd Family Member

Child's Name: _____

D.O.B. _____ Age _____

Medical
Conditions/Allergies _____

Reaction &
Treatment _____

Class: _____

Class Code: Office use only _____

3rd Family Member

Child's Name: _____

D.O.B. _____ Age _____

Medical
Conditions/Allergies _____

Reaction &
Treatment _____

Class: _____

Class Code: Office use only _____

Parent Information:

Mother's Name: _____ Occupation: _____ Work #: _____

Father's Name: _____ Occupation: _____ Work #: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Home #: _____ Mom Cell #: _____ Dad cell #: _____

Medical Insurance: _____ Policy #: _____

E-mail Address: _____

Requirements for Enrollment

1. Application must be completed and signed by a PARENT or legal guardian
2. \$ 35.00 REGISTRATION FEE must be paid in full
3. Any past fees must be paid in full
4. The office must have a copy of your child's medical insurance card

Withdrawal Policy

Upon placement, your child will be carried over automatically to the following month's roll. Should you choose to withdraw your child from our program, a 2 week written notice is required. This allows us to keep our accounts accurate and to maintain the quality of our services and brings down overhead. If a notice is not received you will be responsible for payment of one month's class fees.

Emergency Information:

If we cannot reach the above number in an emergency, we will contact the people below in order of appearance:

1. Name: _____ Telephone #: _____ Relationship: _____
2. Name: _____ Telephone #: _____ Relationship: _____

Release And Waiver of Liability, Assumption of risk, and Indemnity Agreement Forms on reverse side must be completed by each participant.

The Gymnastics Zone, Inc.

Hold Harmless Agreement

I hereby give my permission for my daughter/son _____ to participate in the program(s) at The Gymnastics Zone, Inc. I hereby accept all risks and responsibilities for the use of the premise, area, and/or facility including the use of the equipment. I further agree to indemnify and hold harmless the staff and owners of The Gymnastics Zone, Inc. including the corporate officers, from all liability claims, demands, actions, and causes of actions, that may arise out of the use thereof. I further give my permission for my daughter/son to be photographed and/or videotaped during all classes, rehearsals, and performances. **I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:**

Signature: _____ Date: _____

Rules and Policies Statement

By enrolling my child in gymnastics at The Gymnastics Zone, Inc., I recognize that I am obligated to follow the rules and policies of the program. I will also ensure my children understand and adhere to the rules and safety policies listed:

1. I pay for my child's spot in his/her class, NOT by their attendance and there is NO pro-rating due to lack of attendance.
2. To drop from a class or from the program, a written two week notice of cancelation must be given to the office. I will be responsible for that portion of the monthly tuition which is covered by the two- week notice. This is calculated from the date the office receives the notice. **If I fail to give the office a written two-week notice of cancelation, I will be responsible for one month's tuition.**
3. The Gymnastics Zone, Inc. reserves the right to remove my child from class for non-payment.
4. The parent/guardian of the child is responsible for the payment of charges. The Gymnastics Zone, Inc. is not responsible for collecting any payments from any other party than the one who signs this form.

Signature: _____ Date: _____

Tuition Payment and Make-up Agreement

Tuition Policy: A \$35.00 annual registration fee is required at time of registration and needs to be renewed every year from the time you signed up. Tuition is on a monthly basis. Payment is due the 1st of each month. There will a \$15.00 Late fee if payment is not paid by the 15th of every month. There are no refunds or credits for missed classes. If a child has a serious illness or injury and misses 3 consecutive classes and the office is notified immediately, there will be a 50% credit for the missed classes.

Make-Up Policy: If your child is sick or cannot make their scheduled class, he/she is eligible to make-up that class by attending an open gym for free. This policy also applies to any cancelations that are initiated by The Gymnastics Zone, Inc. **PLEASE NOTE: THERE HAS BEEN CHANGES MADE TO OUR MAKE-UP POLICIES.** There will no longer be make-up classes in other classes.

Signature: _____ Date: _____