



930 Lithia Pinecrest Road, Brandon, Florida 33511 – (813) 685-7770, fax (813) 657-0321

REGISTRATION FORM

Today's Date: _____ Date of Birth: _____ Age: _____

Student Name: _____

Address: _____

City, State & Zip: _____

Parent(s) Name(s): _____

E-Mail Address: _____ Home Phone: _____

Mom's Cell: _____ Mom's Work: _____

Dad's Cell: _____ Dad's Work: _____

Emergency Contact: _____

(Name & Phone Number)

Medical Restrictions/Allergies: _____

How did you hear about us? _____

(for office use only)

Start Date: _____ Class Name: _____ Class Day & Time: _____

Registration Fee Paid: _____

Visa: _____

Monthly Tuition Paid: _____

Mastercard: _____

Pro-Rated Amount Paid: _____

Discover: _____

Total Paid: _____

Amex: _____

Check#: _____ Receipt# _____

On Account: _____

Annual Registration Renewal Month: _____



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BLANKET WAIVER

Due to insurance regulations, every person entering the facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement:

I acknowledge that by participating in gym activities and/or by moving around the gym with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for whom I am responsible for, incur any injury. By waiving the option to sue I also thereby release GOLDEN CITY GYMNASTICS and its agents or employees, officers, counselors, chaperones, coaches, helpers or assistants from liability for such injury.

Signature

Phone Number

Date

Athlete's Name (print name)

EMERGENCY MEDICAL RELEASE WAIVER

The undersigned, being the parent or guardian of _____ do hereby authorize Golden City Gymnastics, its coaches, trainers or any member of its staff to obtain emergency medical treatment from physician, hospital or other qualified medical personnel or facility as needed in the event of accident or injury.

The undersigned also agrees to be responsible for all the costs of said emergency treatment. The undersigned further states that the above mentioned athlete is in good health and is not suffering from any medical or physical impairment, except: _____.

The undersigned further certifies that said athlete is not allergic to any medicines or drugs, except: _____.

Signature of Parent/Guardian: _____ Date: _____



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DUAL RELEASE OF LIABILITY WAIVER

ATHLETE/PARTICIPANT (if over 18)(print name)_____

NAME OF PARENT/GUARDIAN:_____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate that risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of GOLDEN CITY GYMNASTICS (the releasees) from personal injury or accident of any sort of nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of GOLDEN CITY GYMNASTICS.

Participant Signature (if over 18)

Date

MINOR RELEASE

ATHLETE/PARTICIPANT (print name):_____

I, the above mentioned minor athlete/participant’s parent and or legal guardian understand the nature of these activities and the minor’s experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless GOLDEN CITY GYMNASTICS from all liability claims, demands, losses, or damages on the minors account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against GOLDEN CITY GYMNASTICS I will indemnify, save, and hold harmless GOLDEN CITY GYMNASTICS from any litigation expenses, attorney, fee, loss liability, damage or cost any may incur as the result of any such claim.

Signature of Parent/Guardian

Date



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CONSENT TO PHOTOGRAPH AND PUBLISH – Minors

I understand that in the normal course of business, my child _____ may be photographed during practice or competition events. I hereby allow Golden City Gymnastics to publish and/or use pictures of my child for the purposes of advertising, marketing, or other media publications related to the normal course of business. I also understand that all photographs, and rights to their use, remain the property of Golden City Gymnastics and such pictures will not be returned or given to me, regardless of whether this consent is withdrawn at any time. I hereby release Golden City Gymnastics from an and all liability related to the publications in any such media source accept for liabilities arising from willful and wanton misconduct on the part of Golden City Gymnastics, LLC members or agents. I understand I may withdraw this release at any time, with notice to Golden City Gymnastics in writing.

Signature of Parent/Guardian

Date

CONSENT TO PHOTOGRAPH AND PUBLISH

I understand that in the normal course of business, I, _____ may be photographed during practice or competition events. I hereby allow Golden City Gymnastics to publish and/or use pictures of me for the purpose of advertising, marketing, or other media publications related to the normal course of business. I also understand that all photographs, and rights to their use, remain the property of Golden City Gymnastics and such pictures will not be returned or given to me, regardless of whether this consent is withdrawn at any time. I hereby release Golden City Gymnastics from any and all liability related to the publications in any such media source accept for liabilities arising from willful and wanton misconduct on the part of Golden City Gymnastics, LLC members or agents. I understand I may withdraw this release at any time, with notice to Golden City Gymnastics in writing.

Participant Signature (if over 18)

Date



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ACKNOWLEDGEMENT OF RECEIPT OF POLICIES AND PROCEDURES

(Initial after each)

- + A non-refundable annual individual registration fee of \$45 or \$60 family registration; renewable on anniversary date. _____
- + Tuition payments are now handled on an Auto Charge basis only. We will bill your credit card on the 25th of the preceding month. (Example: Tuition for June will be charged May 25th.) _____
 - o There will be a late fee charge of \$10 if the Auto Charge does not process. The late fee will be applied starting the 1st of the month. _____
- + There will be a late fee charge of \$10 for those on the old payment system or if you choose not to use our auto billing. Late fees will be applied starting the 1th of the month. _____
- + Non-Payment after the 10th of the month will result in automatic removal of your child’s name from the class roster. Although Golden City Gymnastics may attempt to make reminder calls that payment is late or your child is being removed from the class roster, it is not our policy to do so. It is your obligation to contact us if there are extenuating circumstances concerning same. _____
- + Golden City Gymnastics honors major holidays. The monthly fees have been set with this in mind. Therefore, there is no absentee credit for these days. _____
- + When your child is absent from his/her scheduled class we cannot reschedule a make-up class due to the unavailability of space. _____
- + Golden City Gymnastics does not make up classed due to an act of God (Example: Hurricanes). _____
- + Team tuition is a yearly amount divided into twelve equal payments due on the 25th day of the preceding month. Tuition is based on the workout level (not hours of instruction per week). A special workout schedule may be issued for a holiday season. If your child participates in camp, the camp fee is in addition to the regular tuition. There is no absentee credit for these days. _____
- + Upon placement, your child’s name will automatically be carried over to the following month’s attendance roster. Should you choose to withdraw your children from our program a 30-day advanced written notice is required. If notice is not received, you will be responsible for all months of tuition due until the written notice is provided. **Phone calls or discussions with a coach do not replace the written notice policy.** _____
- + If you need to withdraw your child from our competitive team program, a 30-day advanced written notice is required. If notice is not received you will be responsible for all months of tuition due until the written notice is provided. **Phone calls or discussions with a coach do not replace the written notice policy. Please do not request a credit for tuition; absolutely NO credits will be issued.** _____

I, _____, as parent or legal guardian of _____

hereby acknowledge that I have received a copy of Golden City Gymnastics’ Mission Statement, Gym Safety Rules and Registration/Tuition Policies; and that further, I agree to comply with all safety rules stated therein. I also acknowledge that I have read and understand the registration and tuition policies and agree to comply with same.

Signature of Parent/Guardian

Date