

930 Lithia Pinecrest Road, Brandon, Florida 33511 – (813) 685-7770 fax: (813) 657-0321  
[www.goldencitygymnastics.com](http://www.goldencitygymnastics.com) - [info@goldencitygymnastics.com](mailto:info@goldencitygymnastics.com)

## REGISTRATION FORM

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_ **Gender:** \_\_\_\_\_

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)*

Group:    Gymnastics    Tumbling    Homeschool

Start Date: \_\_\_\_\_

Class Name: \_\_\_\_\_

Return Student \_\_\_\_\_

Class Day & Time: \_\_\_\_\_

Sibling \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

Visa: \_\_\_\_\_

Monthly Tuition Paid: \_\_\_\_\_

Mastercard: \_\_\_\_\_

Pro-Rated Amount Paid: \_\_\_\_\_

Discover: \_\_\_\_\_

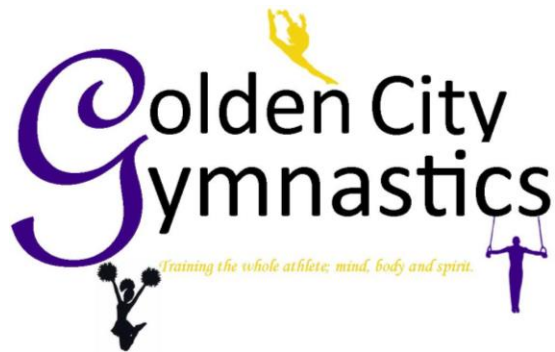
Total Paid: \_\_\_\_\_

Amex: \_\_\_\_\_

Check#: \_\_\_\_\_      Receipt# \_\_\_\_\_

Debit: \_\_\_\_\_

Annual Registration Renewal Month: \_\_\_\_\_



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## **ACKNOWLEDGEMENT OF RECEIPT OF POLICIES AND PROCEDURES**

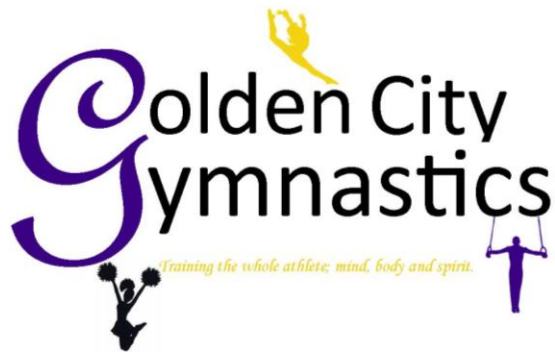
*(Please initial on each line then sign & date at the bottom)*

- ✚ A non-refundable annual individual registration fee of \$55 or \$70 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 **25<sup>th</sup> of the preceding month**. (Example: Tuition for June will be charged May 25<sup>th</sup>.) \_\_\_\_\_
  - 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 6<sup>th</sup> of the month. \_\_\_\_\_
- ✚ Non-Payment after the 10<sup>th</sup> 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). \_\_\_\_\_
- ✚ 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. Note that the final amount can be prorated, if applies, and charged at that time. 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.*** \_\_\_\_\_
- ✚ **Competitive Team tuition** is a yearly amount divided into twelve equal payments due on the 25<sup>th</sup> 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. \_\_\_\_\_
- ✚ **Competitive Team:** If you need to withdraw your child, 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



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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** its agents or employees, officers, counselors, chaperones, coaches, helpers or assistants from liability for such injury.

### **NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF **GOLDEN CITY GYMNASTICS, LLC** USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM **GOLDEN CITY GYMNASTICS, LLC** IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND **GOLDEN CITY GYMNASTICS, LLC** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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Parent's Signature

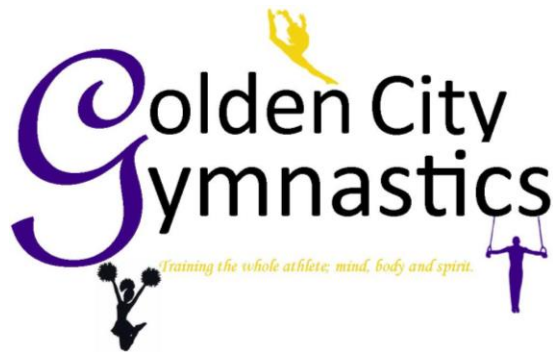
Phone Number

Date

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Athlete's Name (print name)

Date



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### **EMERGENCY MEDICAL RELEASE WAIVER**

The undersigned, being the parent or guardian of \_\_\_\_\_ do hereby authorize **Golden City Gymnastics** and, 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: \_\_\_\_\_

### **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.

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Signature of Parent/Guardian

Date

### **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** in writing.

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Signature of Parent/Guardian

Date