

2016-2017 Instructional Program Registration Form



Student Information

Child #1 \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M / F

Allergies/Medical \_\_\_\_\_ Years of Experience (circle one) 0 1 2 3 4+ Class \_\_\_\_\_ Day/Time \_\_\_\_\_

Child #2 \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M / F

Allergies/Medical \_\_\_\_\_ Years of Experience (circle one) 0 1 2 3 4+ Class \_\_\_\_\_ Day/Time \_\_\_\_\_

Parent Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

OFFICE USE only:

Class Tuition Fee \_\_\_\_\_

Discounts Applied \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

(Cash, CC, Check# \_\_\_\_\_)

Signing below serves as agreement to accept SSGA's Auto Pay/Credit Card Policies.

- Credit cards will be processed 2 WEEKS BEFORE the START of the next term.
• If you are going to withdraw from your class or use a different payment method, you need to notify South Shore Gymnastics Academy 3 weeks prior to the start of the next term, in writing, or the card will be charged.

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

USE OF IMAGES/NAME IDENTIFICATION - I authorize SSGA to use images in print and/or on the internet of me and/or my child and/or ward, both with and without name identification, for SSGA publicity, promotional and advertising purposes and release any and all claims and/or rights I and/or my child and/or ward might have as a result.

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

RELEASE AND LIABILITY WAIVER-PLEASE READ CAREFULLY AND SIGN

MEDICAL AUTHORIZATION - I authorize South Shore Gymnastics Academy (SSGA) to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.

RELEASE OF LIABILITY/INDEMNITY FOR PERSONAL INJURY - release SSGA, it's owners, instructors, employees, agents and servants, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of SSGA and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by SSGA, whether at its facilities or elsewhere. On behalf of myself and my child and/or ward, I agree to indemnify and hold harmless the said SSGA and its owners, operators, instructors, employees, agents and servants from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

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

ACKNOWLEDGEMENT OF ACTIVITY RISKS

I acknowledge my understanding and acceptance of the following:

- 1. that the activities offered by SSGA include active sports which can result in injury to participants and/or spectators;
2. that SSGA provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class, working out or performing;
3. that in the event I choose to leave my child and/or ward before, during or after a class, workout or a performance, I hereby give SSGA my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her;
4. that in my absence SSGA does NOT assume any responsibility for the care, custody, control, condition, health or well-being of my child and/or ward.
5. ACKNOWLEDGEMENT OF RULES AND POLICIES - acknowledge that SSGA has rules and policies in place regarding safety, use of facilities, conduct and the like. I have reviewed all currently in place (copies always available at SSGA facilities). I understand that failure to follow the rules (BY SSGA's discretion) may result in revocation of all privileges provided by SSGA without refund of any prepaid fees.

By signing below, I certify that I have read and agree with the above AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_