

# NorthWind Gymnastics Center

## Registration

Please fill-in all blanks.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Registration Date \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Include Area Code

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph.# \_\_\_\_\_

List Medical Conditions we should be aware of \_\_\_\_\_  
\_\_\_\_\_

List Medications Student is currently taking \_\_\_\_\_

Family Physician \_\_\_\_\_ Ph# \_\_\_\_\_

( ) Please call our physician in case of emergency when we cannot be contacted

Student Enrollment:

Class	Day	Time

Please print all pages of the registration form and complete in ink. Student Registration is not complete without signatures on both the Release and Waiver of Liability and the Tuition and Fee Payment Policy Agreement on the reverse side. Students will not be allowed in the training area until this form has been completed, checked carefully and signed by Parent/Legal Guardian.

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

In consideration of participating in gymnastics training and competition at NorthWind Gymnastics Center, I represent that both my child and I understand the nature of this Activity and that he or she is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions to be unsafe, I will immediately remove my child from participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by my child's actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" 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 responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue NorthWind Gymnastics Center, Champions Gymnastics Inc., 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 further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes 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 occur 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 it 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.

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Signature of Parent/Legal Guardian

The undersigned gives permission to NorthWind Gymnastics Center, its owners, operators, staff or agents to seek medical treatment for the participant in an emergency, in the event they are not able to reach a parent or guardian. I warrant that I have disclosed any physical/mental problems, restrictions, or condition of the participant and/or declare the participant to be in good physical and mental health.

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Signature of Parent/ Legal Guardian

## **NorthWind Gymnastics Center Tuition and Fee Payment Policy**

All participants must pay a Registration Fee at the time of registration. This fee is renewed annually on the registration date and is non-refundable. For Class participants the fee is \$35. For Team participants the fee is \$75.

Class Tuition is paid quarterly, and is due entirely on the first day of the published Quarter for which the participant is registered. Payments not received after the first week of the quarter are considered Late, and will be assessed a Late Fee of \$15.

Team Tuition is paid monthly, and is due entirely on the first day of each month during the **competitive season** for which the participant has registered. Payments not received by the 5<sup>th</sup> of each month are considered Late, and will be assessed a Late Fee of \$15.

All Uniform fees are due at the time the uniforms are ordered. As uniforms must be sized and ordered well in advance of competition, all uniform fees are non-refundable.

Competition Entry fees, Coaching fees, Team Travel & Meals and Miscellaneous Expenses are budgeted by the Director prior to the Competition Season and assessed to the participants in 3 or 4 installments. These payments are due when posted.

Participants wishing to withdraw must give written notice 10 days prior to the first day of scheduled classes or team workouts. Absent this notice, students' accounts will be charged the full monthly or quarterly tuition agreed to. The Director may waive this policy, at her discretion, in case of hardship.

Checks returned by the Bank for NSF will result in a Returned Check Fee of \$20 in addition to any applicable Late Fees. Participant accounts which are more than 30 days delinquent may result in student dismissal, and may be turned over to our Attorney to pursue legal collections.

I, the undersigned Parent/Guardian, have read the tuition and fee payment policy above and agree to be responsible for all tuition and fees pertaining to my child's participation at NorthWind Gymnastics Center. I agree to pay promptly all monies due including any Late fees or Returned Check charges incurred as defined above.

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Signature of Parent/Legal Guardian

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Date