

Trial Class Date: _____

FOR OFFICE USE ONLY

Date Paid: _____

Total Amt Paid: _____

Method of Payment: \$ CK CH

Renewal MONTH: _____

Magnitude 10.0 Gymnastics ~ Registration Agreement

Please fill out all sections completely. By signing this form, you agree to all conditions and provisions contained in this agreement and state that all information is correct to the best of your knowledge.

Please print legibly -- All information will be kept strictly confidential

(1) Student Name: _____ Birth date: ____/____/____

Age: _____ School: _____ Gender: F M

Medical conditions (if applicable): _____

(2) Student Name: _____ Birth date: ____/____/____

Age: _____ School: _____ Gender: F M

Medical conditions (if applicable): _____

(3) Student Name: _____ Birth date: ____/____/____

Age: _____ School: _____ Gender: F M

Medical conditions (if applicable): _____

Parent(s) / Legal guardian(s): _____

Address, City, State, Zip: _____

Mom-Home: _____ Mom-Work: _____ Mom-Mobile: _____

Dad-Home: _____ Dad-Work: _____ Dad-Mobile: _____

☆☆We use email for 95% of our communication...so make sure we have your most up-to date address!☆☆

E-mail(s): _____

EMERGENCY INFORMATION – Someone other than yourself...this is in the event that something happens to you (the parent)...if there is an emergency with your child, you will be the first one contacted.

Name: _____ Relation: _____

Home: _____ Work: _____ Mobile: _____

Tuition for any calendar month is due by the 5th (fifth) of the month **regardless of whether or not the gym is open for business**. Account balances that are more than thirty (30) days past due will result in suspension of classes.

In the event that you wish to cancel your enrollment, we require a thirty (30) days written notice. If the required notice is not submitted, you will be billed for the month in question. You can submit your notice via email to *magnitudegymnastics@comcast.net*

****A complete copy of our POLICIES can be found on our website (www.magnitudegymnastics.com) ****

By signing below, I fully agree to the payment terms & conditions as listed above. I understand that I will be billed for the respective month in question if I do not submit the required notice as outlined above.

Printed name: _____ Date: ____/____/____

Signature: _____ Date received: ____/____/____

Magnitude 10.0 Gymnastics
ACCEPTANCE OF RISK AND AGREEMENT OF WAIVER
PLEASE READ CAREFULLY BEFORE SIGNING

By the very nature of the activities, gymnastics, tumbling & cheerleading carry the risk of physical injury. No matter how careful the participants and coaches are, how many spotters are used, or the landing surfaces utilized; the risk of serious injury, paralysis and even death cannot be eliminated. The risk of injury includes minor injuries such as bumps, scrapes and bruises as well as more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes the possibility of catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck and head.

1. By signing this statement the participant(s) and their parent(s) or legal guardian(s) agree and acknowledge (I) that the entire risk of personal injury is assumed by said participant(s). (II) That any claims, demands, liabilities or causes of action whatsoever arising out of any such personal injury are waived by the participant(s) and their parents(s) a/o legal guardian(s) and the undersigned release and hold harmless Magnitude 10.0 Gymnastics, LLC, its employees, agents and all other person(s) expressly authorized by Magnitude 10.0 Gymnastics, LLC, who engage and assist in the instruction of gymnastics / tumbling / cheerleading; (III) that the undersigned participant(s) and parent(s) or legal guardian(s) will indemnify and hold harmless Magnitude 10.0 Gymnastics, LLC, its employees, agents, servants and all other persons, firms or corporations of and from any and every injury; (IV) that Magnitude 10.0 Gymnastics, LLC, its employees, and all other authorized Magnitude 10.0 Gymnastics, LLC, personnel waive any claim they may have for personal injury which may be caused in whole or in part by the participant(s).

2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one or more time while the student is enrolled in Magnitude 10.0 Gymnastics, LLC, including but not limited to the following: while traveling to and/from, present at, participating in any and all instructional classes, practice sessions, exhibitions, clinics, competitions or events.

I have read and understand the risk explained above and accept said risk and terms with my signature. In the event that the participant is a minor, I hereby certify that I have witnessed and or participated in the explanation of the above mentioned risks to said minor in terms understandable to them and further agree that I am satisfied with said minors comprehension of said risk.

Please print **each** participant's **full name** and sign and date below:

Participant 1: _____ Dated: _____

Participant 2: _____ Dated: _____

Participant 3: _____ Dated: _____

******A complete copy of our POLICIES can be found on our website (www.magnitudegymnastics.com) ******

Parent(s) / Guardian(s) printed name(s): _____

Parent(s) / Guardian(s) signature(s): _____

Signed & dated: _____