



Student Membership Agreement Gymnastics Workshop, Inc.

T.O. Date ____/____/____ (Class ____ Time ____) Date Enrolled ____/____/____

STUDENT NAME _____
 AGE _____ DATE OF BIRTH ____/____/____
 ADDRESS _____
 CITY _____ ST ____ ZIP _____
 EMAIL ADDRESS _____
 HOME PHONE () _____
 CELL PHONE: () _____
 EMERGENCY PHONE () _____
 NAME IN CASE OF EMERGENCY _____
 MOTHER'S NAME _____
 MOTHER'S WORK PHONE () _____
 FATHER'S NAME _____
 FATHER'S WORK PHONE () _____

Who does child reside with?

Mother ___ Father ___ Both ___ Other _____

How did you hear about us? _____

(For Office Use Only)

LOCATION _____ LOCATION _____
 CLASS _____ CLASS _____
 DAY(s) _____ DAY(s) _____
 TIME(s) _____ TIME(s) _____

(All fees are non-refundable)

Registration Fee _____
 Monthly Fee _____
 Prorate _____
 TOTAL _____
 Payment Method _____
 Comp. ____ Roll ____ Cert. ____ EFT ____ Welcome ____

In consideration for my continued membership and enrollment at Emerald City Gymnastics (Hereafter G.W., Inc.) located at 340 Eglin Parkway NE, Ft. Walton Beach, FL 32547. I hereby agree to the following:

RELEASE OF LIABILITY: I am fully aware and appreciate the risk, including the risk of serious or catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with my participation in gymnastics, cheerleading and/or dance classes and events at G.W., Inc. I hereby release, absolve and hold harmless G.W., Inc., its agents, officers, employees, and directors from any and all liability for all losses, damages, or injuries occurring as a result of my participation in gymnastics, cheer and/or dance activities at G.W., Inc.

RULES AND REGULATIONS: I have read and understand all of the rules and regulations. Therefore, I agree to follow these rules while participating in G.W., Inc., activities.

MEDICAL ATTENTION: In the event of injury while participating in G.W., Inc., classes/ events, I hereby give my consent for G.W., Inc., to obtain emergency medical treatment. I also understand that I will be responsible for all medical treatment for me. I also understand that I will be responsible for all medical expenses which may occur from participation at G.W., Inc.

SAFETY RULES AND REGULATIONS

PLEASE READ CAREFULLY: Participation in gymnastics involves motion, rotation, and height in a unique environment, and as such, carries a reasonable amount of risk.

The following rules have been set to reduce this risk:

1. NO FOOD, DRINKS, OR GUM are allowed in the gym at any time.
2. NO SMOKING in or around the gym or patio area.
3. Gymnasts must wait in reception area until their class is called to the floor.
4. NO HORSEPLAY allowed.
5. Please come properly dressed for class. Leave all jewelry and other valuables at home.
6. Parents and other visitors are not allowed in the gym. Gymnasts and coaches ONLY, in gym area.

Make Up Policy: As a courtesy to our students, makeups may be scheduled for classes missed due to illness or pre-arranged travel plans. Students must make up classes within 30 days in their age level or ability. Some classes may not be available due to limits in class size. We owe it to our students to have a well staffed program with students progressing on the basis of equal time, so please keep makeups to a minimum. Failure to attend a scheduled makeup class will result in makeup forfeit.

Withdrawal Policy: Emerald City requires a "30 day written notice" prior to withdrawal. This notice must be received in writing (not verbally). Members remain responsible for all payments and charges incurred within the final 30 days after receipt of written notice. **Emerald City does not give refunds or discounts for early withdrawal or missed classes**. Withdrawal forms are available in the office for your convenience.

Parking/Drop Off/ Pick up Policy: Due to safety considerations in the parking lot, alleyway and highway, we require you to park only in designated parking spaces and walk with your child/children into the building for drop off and pick up.

Declined Debit/Credit Card and Returned Check Policy

In the event that your debit/credit card declines, a \$10 fee will be applied to your account. In the event that your check is returned by the bank, a \$25 fee will be applied to your account.

I HAVE READ AND FULLY UNDERSTAND THE TERMS STATED ABOVE AND AGREE TO ADHERE TO THESE TERMS.

DATE: _____

PARENT/GUARDIAN SIGNATURE _____

WITNESS _____