



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 _____

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? _____

<i>(For Office Use Only)</i>	
CLASS _____	CLASS _____
DAY(s) _____	DAY(s) _____
TIME(s) _____	TIME(s) _____
.....	
(All fees are non-refundable)	
Registration Fee _____	
Monthly Fee _____	
Prorate _____	
TOTAL _____	
.....	
Payment Method: Cash _____ Check _____ C/C _____	
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.

MAKEUP POLICY

As a courtesy to our students, makeups may be scheduled for classes missed due to illness or pre-arranged travel plans in one of our scheduled monthly makeup days. You will need to sign up for your makeup day in advance. Failure to attend a scheduled makeup class will result in makeup forfeiture.

30 DAY WITHDRAWAL POLICY

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

PARKING/ DROP OFF/ PICK UP POLICY

Due to safety considerations, it is required that you park in the designated parking spaces. Walk your child/children into the building. **Please no parking or drop off in the alleyway.** Children are not allowed to wait outside for you. If you are going to be late picking up your child/children, please call the office. If someone unfamiliar to our staff will be picking up your child/children, please inform the office.

RETURNED CHECK AND CREDIT CARD DECLINE

If the debit or credit card attached to your monthly automatic payment is declined a \$10 fee will be applied to your account. In the event that your check is returned 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 _____