



Student Registration / Waiver Form

Father/Guardian's First Name: _____ Last Name: _____

Work phone: _____ Cell Phone: _____

Mother/Guardian's First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Child's First Name: _____ Last _____ M / F DOB ____/____/____ Age: _____

Allergies: _____ Medical Conditions: _____

Child's First Name: _____ Last _____ M / F DOB ____/____/____ Age: _____

Allergies: _____ Medical Conditions: _____

Child's First Name: _____ Last _____ M / F DOB ____/____/____ Age: _____

Allergies: _____ Medical Conditions: _____

Emergency Contact (if mother, father or guardian cannot be reached)

Name: _____ Phone: _____

WAIVER OF LIABILITY—ACCEPTANCE OF FULL RESPONSIBILITY FOR ALL RISKS:

In consideration of participating in activities held at Dulles Gymnastics Academy, I represent I understand the nature of this activity and that the participant is in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis, and death which may be caused by my own actions, or inaction, or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named above: and that there may be other risks either not known to me or not readily foreseeable at this time: I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. Participants must carry their OWN insurance and are responsible for any medical bills incurred resulting from illness or injury.

I hereby release, discharge, and covenant not to sue Dulles Gymnastics Academy, 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 cause in whole or part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a 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 incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY< ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and 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 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.

PARENTAL CONSENT—AND I, the minor's parent and or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been 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, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL IDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss of liability, damage, or cost any Releasees may occur as the result of any such claim.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

First Name (s):

Last Name:



Dulles Gymnastics Academy Rules and Policies:

Please read and understand Rules and Policies before signing:

Attire: Students should be dressed in comfortable clothing that allows freedom of movement. NO zippers, belts, shoes, socks, jewelry, watches or gum is allowed. Long hair must be tied back. These are important safety measures. Valuable items should NOT be brought to the gym. Dulles Gymnastics Academy will NOT be responsible for lost or stolen items.

Registration: All persons using the gym facility must have a registration form on file. The consent and release agreement MUST be signed by the parent or guardian if under the age of 18. Participants must carry their OWN insurance and are responsible for any medical bills incurred resulting from illness or injury. All persons using the gym facility must have a registration card on file.

Safety: Persons who are not currently enrolled in a class and in the presence of our instructors are NOT ALLOWED in the gym at any time. This applies to adults and children. The only exception to this policy is our parent and child class. We have provided a waiting room for you to watch the gymnasts in class. However, in any sport it is important to have concentration. Therefore we ask family members, gymnasts not currently in class, and other non-participants not to distract the gymnasts in the gym. Please do not call out to gymnasts or call the gymnasts over; this is disruptive to the gymnasts, the class and the instructors. Please allow the instructors to correct behavior during class. We ask that children remain in the building before and after class. Please notify our instructors of any accidents or injuries. Please help us keep Dulles Gymnastics Academy a safe place by supervising young children in the waiting area. We DO NOT allow tumbling, running, or horseplay in the lobbies. We also ask that no-one stands or climbs on furniture.

Payment Policies:

Tuition is due upon enrollment. Cash, Check, Visa and Mastercard are accepted (\$25 charge for returned checks). **Refunds are only given when a student withdraws BEFORE the first day of the session**, otherwise a credit will remain on your DGA account. Space permitting, students may join during an ongoing session and the tuition is prorated. Session tuition is due 2 weeks before the start of a new session to ensure you spot in class, after that point open enrollment begins and your spot is no longer guaranteed unless you enroll in automatic payment. Team tuition is monthly, payments are due on the 25th of the prior month. Late Fees: A \$10 late fee will be applied to any account not paid by the 5th day of the month/session.

Family Discounts: A 10% discount will be applied to the lessor charge for families and or multiple classes.

Make-Ups: We allow 2 make ups per session for classes, these must be approved by the office ahead of time. At no time will we allow a class to go over ratio for make-ups. Make-ups may also be used for open gym.

 : **Picture/Video Policies:** I also understand and give permission for photographs and videos of named persons and/or participants and/or myself to be used in print or broadcast media as deemed appropriate for the promotion of Dulles Gymnastics Academy. No Names will be used without further permission being received.

Membership Agreement Policies:

 Tuition payment policies: I have read and understand the above Payment Policies.

 I would like auto billing. Please charge my credit card the 1st day of each session/month for my balance due and e-mail me my receipt. Auto billing only applies to programs that have reoccurring session tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand that the above named persons and/or participants are enrolled in a program that has reoccurring monthly tuition and that I am continuously enrolled in the program. I am aware that I will incur reoccurring tuition charges on my credit card until I submit a Dulles Gymnastics Academy drop request at least 2 weeks prior to the month/session end.

 I will pay my account balance on or before the 1st day of each session/month at the Dulles Gymnastics Academy Office. I understand that Dulles Gymnastics Academy does not send a monthly/session bill and it is my responsibility to pay my account balance at the Dulles Gymnastics Academy Office. I understand this only applies to programs that have reoccurring session tuitions. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand the above named persons and/or participants are in a program that has reoccurring session tuition and that **I am NOT continuously enrolled in the program and I will have to pay the reoccurring session tuition charges by 2 weeks prior to the next session to have a guaranteed spot in the class.** Team tuition is due on the 25th of the prior month.

****Programs that are FREE are EXEMPT from supplying credit info until such time you register for a program that has monthly tuition****

I have read and completely understand all terms and conditions of this agreement.

Signature: _____ Date _____

 I registered over the phone or online. Please use the credit card information I already supplied.

Credit Card Number: _____ Expires: _____ Zip Code: _____

(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)