



**Step 1 Family Information/ Parent/Guardian/Billing Contact:**

Parent/Guardian's First Name/s: \_\_\_\_\_ Last Name/s: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
(All receipts, announcements and specials are sent via e-mail)  
Emergency Contact: \_\_\_\_\_ Emergency Contact Phone/s: home \_\_\_\_\_ /Cell \_\_\_\_\_

**Step 2: Participant Information**

Child's First Name: \_\_\_\_\_ Last \_\_\_\_\_ M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Special Medical Conditions/Allergies/Restrictions \_\_\_\_\_  
Child's First Name: \_\_\_\_\_ Last \_\_\_\_\_ M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Special Medical Conditions/Allergies/Restrictions \_\_\_\_\_  
Child's First Name: \_\_\_\_\_ Last \_\_\_\_\_ M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Special Medical Conditions/Allergies/Restrictions \_\_\_\_\_

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

**ASSUMPTION OF RISK, WAIVER OF LIABILITY.** As legal guardian and/or one of the above named participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, play time, field trips, preschool, special events, group activities, family fun, parents night out, trampoline, urban gymnastics, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Dulles Gymnastics Academy or on any equipment or facility contents and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Dulles Gymnastics Academy, its officers, directors, shareholders, employees, or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Dulles Gymnastics Academy. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels appropriate. Dulles Gymnastics Academy will only warn the participant thru safety messages and our teaching style and progressions.

**Media:** 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.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE:** I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Dulles Gymnastics Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Dulles Gymnastics Academy staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by Dulles Gymnastics Academy staff to seek medical help including calling of an ambulance for said persons and/or participants should the Dulles Gymnastics Academy staff deem this necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Dulles Gymnastics Academy

**TUITION PAYMENT, ENROLLMENT AND INSTALLMENT BILLING INFORMATION:** I understand if the above named person is enrolled in a program that has installment monthly tuition, I am continually enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a DULLES GYMNASTICS ACADEMY Drop Class Request. This document may be obtained from the DULLES GYMNASTICS ACADEMY Business Office or downloaded from the DULLES GYMNASTICS ACADEMY website: www.dullesgymnasticsacademy.com. If I am dropping a class (with installment monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that DULLES GYMNASTICS ACADEMY does not give make-up classes, credit and/or refunds for, but not limited to programs, class(es), inflatables, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, play time, field trips, preschool, special events, group activities, family fun, parents night out, trampoline, urban gymnastics, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. DULLES GYMNASTICS ACADEMY does not issue refunds. All sales are final for any product and/or service purchased and/or provided by DULLES GYMNASTICS ACADEMY. Contingent on availability DULLES GYMNASTICS ACADEMY may issue a Free pass to an open gym for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments of my balances on my DULLES GYMNASTICS ACADEMY account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, DULLES GYMNASTICS ACADEMY will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$25. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with DULLES GYMNASTICS ACADEMY. If provided, an email notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the DULLES GYMNASTICS ACADEMY Office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollments in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payment, including but not limited to collection/attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$25 late/insufficient funds fee will be charged for all un-paid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of DULLES GYMNASTICS ACADEMY to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, will be charged \$25 late fee each month until the account is paid in full or arrangements are made for payment. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1st of the month of my registration anniversary date with DULLES GYMNASTICS ACADEMY. DULLES GYMNASTICS ACADEMY reserves the right to modify

**Step 3: Payment and Installment Billing Information (This is a binding agreement. Please make your selection below.)**

I would like AUTOMATIC installment billing. Please charge my credit card the 1st of each month for my balance due and email me my receipt.

Auto billing only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Dulles Gymnastics Academy Class Drop Request.

I will pay my account balance on or before the 25th of each month at the Dulles Gymnastics Academy Business Office. If my payment is not received on or before the due date Dulles Gymnastics Academy will initiate AUTOMATIC electronic INSTALLMENT payments for any balances due on my account PLUS an administrative late fee of up to \$25.00. I understand that Dulles Gymnastics Academy does not send a monthly bill and it is my responsibility to pay my account balance at the Dulles Gymnastics Academy Business Office. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Dulles Gymnastics Academy Class Drop Request.

I am registering for a program that is FREE or DOES NOT have installment monthly tuition at this time. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if I do enroll in a program that does have installment tuition I agree to the tuition payment enrollment and installment billing terms contained in this registration form and I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Dulles Gymnastics Academy Class Drop Request.

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition.

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

First Name (s):

Last Name: