



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, pre-school, 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 COVENANT 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 15th day of the prior 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. 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 if I am enrolled in Autopay. 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 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 this Agreement.

Step 3: Payment and Installment Billing Information (This is a binding agreement.) Please initial

____ I understand that my account is on AUTOMATIC installment billing. Please charge my credit/debit card the 1st of each month for my balance due and email me my receipt. (I may pay my balance prior to the 1st of the month by other means if I do not want it to be charged on my card)

____ If my payment is returned/declined for any reason a \$25.00 fee will be added to my account

____ It is my responsibility to notify the office with any changes to my card on file (expiration dates, changed card numbers, closed cards)

____ This is NOT a contract but to drop from classes/team payments I must submit IN WRITING a drop request by the 15th of the prior month. I understand NO REFUNDS will be issued to my account for failure to do so.

____ 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 am registering for a program that is FREE or DOES NOT have installment monthly tuition at this time.

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 one the data is entered in our secure encrypted database.)

First Name (s):

Last Name: