

SUMMIT ACADEMY OF GYMNASTICS
3407 Conestoga Drive, Fort Wayne, IN 46808, (260) 482-2511, www.summitacademyofgymnastics.com
REGISTRATION FORM for FALL-WINTER-SPRING SESSION 2019 - 2020

Child's Name _____ M/F _____ Age _____ Birthdate _____ Today's Date _____
 Parent's Names _____ E-Mail Address _____ Phone# _____
 Address _____ City/State _____ Zip _____
 Emergency Contact _____ Relationship to Child _____ Phone# _____
 Family Doctor _____ Phone# _____ After Hours# _____
 Place of Employment _____ Work Phone# _____ Cell Phone# _____

<p>CLASS CHOICE *First class choice will be honored unless you are notified.</p> <p>1st Choice Day _____ Time _____ Level _____</p> <p>2nd Choice Day _____ Time _____ Level _____</p>	<p>REGISTRATION</p> <p>A \$25.00 non-refundable registration fee, per year, per family, is required at the time of sign-up.</p>	<p>ENROLLMENT & WITHDRAWALS</p> <p>I understand that enrollment is <u>CONTINUOUS THROUGH MAY 30, 2019</u>, and that my account will be charged, unless I submit a resignation card to Summit Academy TWO WEEKS prior to the start of the next pay period and withdraw my child.</p>
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PAYMENT OPTIONS Please initial #1 or #2 for your selected payment option.

1. _____ Autopay with card listed below.

2. _____ Cash, Check, Credit Card in person, or PayPal.

I verify the above information is correct. I agree to the payment option selected.

Signature _____
 Date _____

MEDICAL INFORMATION

1. Has a medical professional ever restricted your child from participating in any sports activities? YES NO. If yes, please explain.

2. Allergies and/or medical conditions.

3. Medications.

4. Date of last tetanus. _____

PAYMENT INFORMATION FOR AUTOPAY

Card type: _____ Mastercard _____ Visa _____ Discover ----- Acct # _____ Expiration _____ CVC _____

Name(as appears on card): _____

Address (affiliated with card): _____ City, State, Zip _____

Phone _____ Email (for payment receipt): _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

In consideration of participating in any activity of the sport I represent that I understand the nature of this activity and that I am qualified, 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 risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I hereby release, discharge, and covenant not to sue Summit Academy of Gymnastics, 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 "RELEASES" herein) from liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver or 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 may incur as the result of such claim. By reading the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and signed it freely and without any inducement or assurance of any nature and intend it to be a 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 the 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 INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I have read this carefully and understand it contains a release.

Please initial the following

_____ I am responsible for continuous payments unless I submit a resignation card to Summit Academy two weeks prior to the start of the next 8 week pay period and withdraw my child.

_____ I grant Summit Academy permission to use picture/video of myself or my child for advertising purposes.

_____ The information and medical questions have been truthfully answered and I have read and agree to terms and conditions on the entire agreement.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed (This form is valid thru August 8, 2020.)

For Office Use Only- Initial _____

Starting Date _____ Registration Fee _____

___ Health Form Completed

Health Concerns _____

___ Recorded On Attendance

___ Manual Charge _____ Automatic Charge _____

Payment Amount _____ Type of Payment _____

CLASS FEES: Per 4 weeks: 30 min class - \$26; 45 min class - \$47; 1 hour class - \$54; 1.5 hour class - \$69; 2 hour class - \$90

Please note: There are five 8 week pay periods for the Fall-Winter-Spring Session

Building your child's future...one class at a time.