

Legacy Gymnastics 2019-2020 Registration Card & Medical Waiver

Staff Use: I-Class: _____

Family Last Name: _____ Parent: _____ Parent: _____

Address: _____ City: _____ Zip Code: _____

Primary PH #: _____ Please circle: Cell Y/N Mom Dad Other _____

Alt. PH#: _____ Please circle: Cell Y/N Mom Dad Other _____

Email 1: _____ Email 2: _____

How did you hear about us? (Please circle one) Mailer Website Friend Other: _____

Child 1: _____ D.O.B. _____ Age: _____ M/F Class: _____

Child 2: _____ D.O.B. _____ Age: _____ M/F Class: _____

Child 3: _____ D.O.B. _____ Age: _____ M/F Class: _____

Parent Participating in Mini-Tots or Tiny Tots: _____, _____

List Medical Concerns: _____

Release: In consideration of Legacy Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lesson or meets. I give permission to Legacy Gymnastics and /or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Legacy Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Warning! Catastrophic injury, paralysis or even death can result from the improper conduct of the activity .I hereby consent and authorize Legacy Gymnastics to use photographs, and or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding Legacy Gymnastics programs, facilities or services. I also give permission to use such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the Legacy Gymnastics web site. Further, I hereby release and agree to hold harmless and to indemnify Legacy Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent/Guardian Signature: _____ Date: _____

Legacy Gymnastics 2019-2020 Tuition Agreement and Payment Authorization Form

Person authorizing these agreements:

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Email: _____

Tuition Agreements: I understand that full monthly tuition payable to Legacy Gymnastics is due on the last business day of every month and I permit the credit card information I placed or Legacy Gymnastics placed on my online account to be accessed to make this payment, I further understand that if payment is not received by the 8th day of any given month, an Administrative fee of \$15 will be applied and due with the full tuition payment. I understand that 15 day advance written notice is required to withdraw enrollment for any reason and I am responsible for payment of full tuition through that period.

Signature: _____ Date: _____

Scheduled Automatic Payment Agreement:

I authorize Legacy Gymnastics to set up and issue a scheduled automatic charge for monthly tuition to my credit/debit card. I will provide written notice of any changes to this account within 15 days of the scheduled monthly payment.

Signature: _____ Date: _____