

DATE: \_\_\_\_\_

### STUDENT REGISTRATION INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### SECONDARY EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\*\*\*\*\*

#### OFFICIAL USE ONLY

Annual Registration Fee Paid: \$15.00 Date: \_\_\_\_\_

Class Enrolled: Mom&Tot Ruby Emerald Sapphire Diamond Pre-Team  
(Circle One)

Day of Week: Mon Tues Wed Thurs Fri Sat  
(Circle One)

Time of Class: \_\_\_\_\_ Automatic Payments: YES NO  
(Circle One)

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

## TERMS & CONDITIONS

- **WITHDRAWN CLASSES**

Withdrawing from any class is only permitted with written notice submitted to management. Any other forms of notice will not be accepted. Further, notices must be given thirty (30) days prior to your withdrawal date.

**I understand that I must give a thirty (30) day written notice to successfully withdraw from any class which my child is registered for.**

\_\_\_\_\_ Initial

- **MONTHLY TUITION**

Monthly tuition is due by the 10<sup>th</sup> of each month by way of cash, check, automatic payment or credit/debit card (a \$5.00 fee is applicable for each credit/debit card transaction). After the 10<sup>th</sup> of the month a \$10.00 late fee will be applied to any remaining balance. Additionally, an appropriate charge will be assessed for any NSF or returned items. All monthly tuition prices are subject to change with thirty (30) days notice. However, credit/debit card fees are subject to change without notice. Finally, a credit card MUST be left on file. If your monthly tuition is not received by the 10<sup>th</sup> of the month, the card provided will be charged for your monthly amount, including the aforementioned late fee.

**I understand that monthly tuition is due by the 10<sup>th</sup> of the month, payable with one of the appropriate forms of payment options and charges will be assessed for any late or returned payments. I also understand that if my monthly tuition is not received by the 10<sup>th</sup> of the month, then the credit card on file will be charged accordingly, including a late payment fee of \$10.00**

\_\_\_\_\_ Initial

- **MISSED CLASSES**

Missed classes must be made up in the same month that they are missed. (Example: a missed class in the month of January must be made up in the month of January. If the last class of the month is missed, then you must make up your class within the first week of the following month). Discounts, pro-rates, refunds, etc. will not be offered for missed classes.

**I understand that it is my responsibility to schedule a make-up class for any classes missed and that said make up class must be completed within the same month that the missed class occurred.**

\_\_\_\_\_ Initial

- **ANNUAL REGISTRATION**

A non-refundable registration fees is due and payable at the time of initial registration. Additionally, an annual registration fee is due in the month of October of each calendar year.

**I understand that I will be charged a non-refundable registration fee when I register my child for classes and I will be charged an annual registration fee in the month of October thereafter.**

\_\_\_\_\_ Initial

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

## AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize Indiana Elite Gymnastics, Inc., to charge my debit/credit card for any outstanding balances due and owing on my child's account. Charges will occur in the following manner:

- Withdraw monthly tuition on the 1<sup>st</sup> day of each month
- I **do not** wish to enroll in automatic payments at this time, However, I understand that my payment information will **only** be used to collect past due payments and other related charges which are due and owing as outlined under the Terms & Conditions.

NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### CREDIT CARD INFORMATION:

ACCOUNT NUMBER: \_\_\_\_\_

EXP. DATE (MM/YY): \_\_\_\_\_ CVV2: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ INITIAL

**I understand that I must give a thirty (30) day written notice in order to discontinue automatic payment authorization.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*IF YOU PREFER TO USE A CHECK FROM YOUR CHECKING ACCOUNT IN LIEU OF A DEBIT/CREDIT CARD, THEN A VOIDED CHECK WILL BE REQUIRED \*\*\***

## Photo Release Form for Minors

INDIANA ELITE GYMNASTICS has my permission to use my or my child's photograph publically to promote the gym. I understand that the images may be used in print publications, online publications, presentations, websites, Facebook and/or some social media outlet. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

In checking the appropriate box below I am indicating my intent for Indiana Elite Gymnastics for use of my or my child's photos/videos obtained during practices, meets, camps, off-premises events such as parades and festivals, etc. Additionally, by executing this release form, I also acknowledge that Indiana Elite Gymnastics is not responsible for any unauthorized use of images copied without permission off the internet.

- I DO GRANT permission for the use of my or my child's photo/video.
- I **DO NOT** GRANT permission for the use of my or my child's photo/video.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Received: \_\_\_\_\_

date: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the Sport of Gymnastics; and or Cheerleading I represent that I understand the nature of this Activity and that I am qualified, in good health, and in pro 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 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 this Activity.

I hereby release, discharge, and covenant not to sue Indiana Elite Gymnastics, Inc., it's 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 all liability, claims, demands, losses, or damages, on my account causes or alleged to be caused in whole or in part by the negligence of the "releases" or liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save and hold harmless each of the releases from any loss, liability, damage, or cost which may incur as the result of such claim.

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

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

**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 AGREEMENT TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releases 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 releases 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 releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian