



How did you hear about us? _____

American School of Gymnastics Registration Card

Student Name (1) _____ Date of Birth _____

Student Name (2) _____ Date of Birth _____

Mailing Address _____ Zip Code _____

Email Address _____ Home Phone# _____

Parent name (1) _____ Cell # _____ Work# _____

Parent name (2) _____ Cell # _____ Work# _____

Emergency Contact _____ Relation to student: _____

Please list any medical needs, allergies, medical conditions, or other concerns of which our staff should be aware:

From time to time photos of active classes and students will be taken to be used for promotional materials online on our website or social media. No names or photos containing identifying information will be used in promotional material. Consent may be removed at anytime. *Please initial your decision below.

_____ Yes, I consent to allow photos containing myself or my child to be used for promotional material.

_____ No, I do not consent to allow photos containing myself or my child to be used for promotional material.

Billing and Payment Policies - American School of Gymnastics, Inc. ("ASG")

- I understand that classes are billed in advance on a monthly basis, being due the first class of each month. My bill must be paid in a timely manner.
- I understand that if payment of my bill is late by more than 30 days, there will be a \$10 late charge added to your account. If my payment has not been received by ASG within 90 days of the due date, ASG holds the right to send your account to a collection agency. In the event that your unpaid balance has to be sent to collection, you shall be responsible for collection fees, or any legal fees associated with the collection of the balance.
- I understand I am responsible for withdrawing from the class before the start of a new month by email or phone call.
- I understand that if I notify ASG after the withdrawal deadline, I am responsible for paying for the weeks that have passed since the deadline. Example: If a gymnast stops attending for the month of April but notifies the gym 2 weeks into April, gymnast's parent will be responsible for paying for 2 weeks of April.
- I understand that ASG does not offer refunds or prorate for missed classes. The only exception is during the months of June, July, and August. Missed classes will have a makeup class offered. Makeup classes must be scheduled ahead of time. A student may only have a maximum of 2 make ups at a time.
- I understand that if a class is canceled by ASG due to weather ASG will use its best efforts to update its website, social media accounts, voicemail, and place a sign on our front door. In such a case, a makeup class will be offered.
- I understand that if a class is canceled by ASG due to a staffing issue or scheduling conflict, a makeup class can be scheduled, or a refund will be issued for the canceled class. Once-per-week classes will be refunded at 20% of the monthly tuition. Twice-per-week classes will be refunded at 10% of the monthly tuition. Team practice will be refunded at 7% or a makeup class will be offered.
- I understand that if a team practice is canceled for a competition day, there is no refund or makeup class offered. Example: If a gymnast has practice on Saturday and their competition is also on Saturday, their regular class will be canceled without a refund or makeup class.

I fully understand and agree with the above policies.

Student Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Release & Waiver of Liability, and Authorization – American School of Gymnastics, Inc. (“ASG”)

Gymnast Name/s: _____ Parent or Legal Guardian Name: _____ Date: _____

BY SIGNING BELOW, I acknowledge, on behalf of myself and my child(ren), reading, understanding, and accepting as follows.

Agreement to Participate and Liability Waiver. I am aware that gymnastics is vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand, and assume such risk, that gymnastics, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs to myself, to property, or to third parties. The participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved. The mats, pits and other safety equipment and apparatus provided by ASG for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. It is the parents’ responsibility to warn the child about the dangers of gymnastics and tumbling and about possible injury. ASG staff will only warn the child through safety messages, teaching style and progressions. I understand the nature of the activities that I or my child will participate in and I or my child’s experience and capabilities and believe that I or my child are in good health and in proper physical condition to participate in these activities.

In consideration of my participation, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify ASG and its employees, teachers, coaches and agents from any all present and future claims, liabilities, demands or causes of action, including attorney fees and costs, resulting from ordinary negligence or omissions of ASG or their staff or others listed for property damage, personal injury or wrongful death, arising as a result of my or my child engaging in or receiving instruction in gymnastics, or any other activities or any activities incidental thereto. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, which may be made by me, my family, estate, heirs or assigns. I agree that ASG shall have no responsibility for lost, damaged, or stolen property in or on the premises, parking lots, or in other areas within the vicinity of the gym.

Authorization of Medical Care. ASG staff members are not physicians or medical practitioners of any kind. With this in mind, in the case of injury or illness during participation in activities I hereby release ASG staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the ASG staff to call our doctor and to seek medical help, including transportation by a ASG staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the ASG staff deem this to be necessary. ASG does not carry medical insurance for participants and I forever release ASG, staff, owners, facility and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or from, or at a related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

I hereby waive, release and discharge forever ASG from any and all claims, liabilities, demands or causes of action whatsoever that may arise from the rendering of first aid to me or my child for injuries arising on or around the property of ASG or that may arise in the transportation of me or my child to a medical facility. I affirm that I now have and will continue to provide proper health insurance coverage.

Parent Responsibility to Supervise. When I visit ASG, or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with ASG. I affirm that I am of legal age and am freely signing this agreement. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against ASG on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent/Legal Guardian Signature: _____ Relationship to Gymnast: _____ Date: _____

A waiver must be completely filled out and signed for each participant.