

SOUTH FLORIDA GYMNASTICS AND DANCE

REGISTRATION FORM - PLEASE PRINT

STUDENT'S NAME _____ M/F _____ EMAIL _____

STUDENT'S BIRTH DATE ____/____/____ STUDENT'S AGE _____ SCHOOL _____

FATHER'S & MOTHER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY PHONE: _____ RELATION: _____

MOTHER'S OR FATHER'S DL# OR SS NUMBER: _____

ANY MEDICAL PROBLEMS WE SHOULD BE AWARE OF: _____

PRIMARY HEALTH CARRIER: _____ POLICY #: _____

HOW DID YOU HEAR ABOUT US? FRIEND WEBSITE PHONE BOOK FLYER OTHER _____

In consideration of the agreement of **South Florida Gymnastics and Dance** (hereinafter **SFGD**) to accept my child(ren) (hereinafter participant) as a participant in **SFGD** activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in an unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assume the risk of such injury to participant, his or her heirs, executors, successors and assigns from any and all liability, actions, claims and causes of action whatsoever on account of or in any way related to the participation or participant in **SFGD** activities and does hereby agree to fully indemnify **SFGD** for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for **SFGD**, except where such expenses or damages are the result of the intentional or reckless conduct of **SFGD**. On many occasions newspapers, TV stations, etc., will visit **SFGD**. They often take picture or videos of our classes or teams. Signing this release will include giving permission for us to possibly use you or your child's picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

I further agree that **SFGD**, and the sponsor of any **SFGD** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risks associated with participation in the sport of gymnastics and/or dance, including any accidental injury that may be sustained as a result of, or incidental to gymnastics or dance instruction, now or any time in the future, seen or unforeseen. I hereby release **SFGD**, its' owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **SFGD** in or upon the premises of **SFGD**. **SFGD** recommends a Doctor's physical for participation in gymnastics and dance for your child's benefit.

For any participant that is not yet 18 years old: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by **South Florida Gymnastics and Dance**.

_____, I, THE UNDERSIGNED AGREE TO PAY SAID MONTHLY TUITION ON OR BEFORE THE 1ST OF EACH MONTH. IN THE EVENT THAT THE SAID AMOUNT IS NOT RECEIVED ON OR BEFORE THE 1ST OF THE MONTH, I ALSO AGREE TO PAY A \$10.00 LATE FEE. .

_____, I, UNDERSTAND THAT I MAY WITHDRAW FROM THE PROGRAM UPON WRITTEN NOTICE TO **SFGD**, PROVIDED SAID NOTICE IS RECEIVED BY THE OFFICE ON OR BEFORE THE 1ST OF THE MONTH FOR THE NEXT MONTH. **VERBAL WITHDRAWALS ARE NOT ACCEPTED. WITHDRAWAL FORMS ARE LOCATED IN THE OFFICE!**

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I HAVE RECEIVED AND READ A COPY OF ALL **South Florida Gymnastics and Dance** POLICIES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

Parent / Guardian Signature

Date

OFFICE USE

Registration Amount _____
Monthly Tuition/ LM Deposit _____
Auto Pay/ Regular Pay _____
Total Amt. & Payment Type _____

Computer: _____
Roll Sheet: _____

First Day of Class: _____
Class Day/Time: _____
Class ID: _____
Employee Initial: _____