



# Gymnastics & Cheer

## REGISTRATION FORM

(OR Guardian) **Please PRINT clearly**

Father's Last name \_\_\_\_\_ Father's First name \_\_\_\_\_

Mother's Last name \_\_\_\_\_ Mother's First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone :(\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**How did you hear of Funtastics/FX:** Referral? \_\_\_ Who, so we may thank them? \_\_\_\_\_

Magazine/Newspaper \_\_\_ Driving by \_\_\_ Internet/Website \_\_\_ Mailing \_\_\_ Posting \_\_\_ Radio/TV \_\_\_\_\_

Other \_\_\_\_\_

Mom's cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Dad's cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Student's Name (Male/Female) \_\_\_\_\_ Day/Class \_\_\_/\_\_\_\_ Age \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Student's Name (Male/Female) \_\_\_\_\_ Day/Class \_\_\_/\_\_\_\_ Age \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Student's Name (Male/Female) \_\_\_\_\_ Day/Class \_\_\_/\_\_\_\_ Age \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Student's Name (Male/Female) \_\_\_\_\_ Day/Class \_\_\_/\_\_\_\_ Age \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

### Acknowledgment of Risk, Release, and terms of agreement.

As parent or legal guardians of the above named persons, I hereby give my consent to participate in the programs of Funtastic Fitness and/or FX Gymnastics & Cheer. I understand that any activity involving height, motion and rotation involve certain inherent risks including paralysis or death. I understand that it is the express intent of the Funtastic Fitness or FX to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever waive and release Funtastic Fitness or FX, it's officers, employees, teachers and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Funtastic Fitness or FX. I confirm that the above named persons are in good health and have no known physical impairments that would cause harm to the above named persons by participation in this program. I also agree to individually provide for the possible future medical expenses, which may be incurred by my child while training at or performing for Funtastic Fitness or FX.

#### Payment Policies

Tuition reserves your child's place in class for the length of a particular session or month. We cannot be responsible for the students' attendance, and cannot guarantee nor do we owe make up classes. **\*\*No refunds or transferring funds to next session for missed/unattended**

**classes. We will not pro-rate or credit forward tuition for missed classes.** Tuition is due 1 week in advance of each session. If tuition is not paid, the class spot will become available to first come first serve participant or next on waiting list. Tuition must be made prior to attendance of session or child's name will not appear on class list and will not be able to participate in class. **Make up classes or Open gym makeups must be scheduled in advance for excused, called-in absences or special situations that are pre-approved by management due to illness or vacation and must be made up by the following session. No exceptions. Thank you.**

I have read and understand the Acknowledgment of Risk, liability release, and payment policies and give consent for my child to participate in the programs offered by Funtastic Fitness and/or FX Gymnastics & Cheer.

\*\*returned check fee \$25\*\*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Permission to Treat

In the event of my absence, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Any Medical Condition to be aware of: \_\_\_\_\_