NORTH FLORIDA GYMNASTICS & CHEERLEADING

		CLAS	SS REGIST	ration for	M - PLEASE	PRINT			
Participant N	ame						Male or Female		
D.O.B	//_	Age	Schoo	I			Grade		
Address					City		Zip Code		
Mother/Guardian Name					Cell Phone				
Father/Guard	lian Name					_ Cell Phone			
Day Phone			F	Primary Email_					
Emergency Contact				Relati	on	none			
Emergency Contact				Relation		Phone			
Participant's Physician						none			
							y have. If medication is Authorization Form.		
Alligeries									
Medical Issu	es								
Special Need	S								
How did you	hear about NI	GC? FLYER	SCHOOL	WEBSITE FAC	EBOOK FRIE	ND			
	****	*******	*******OF	FICE USE ONLY	BELOW*****	********	*****		
1st Class Day			Registration Ind/l	Fam \$		Sibling Name			
1st Class ID			1st Mon Tuition	n \$					
2nd Class ID			Last Mon Tuitio	on \$		Staff Initials			
DATE	REG, TU	REG, TUTION & OTHER FEES		\$ PAID	\$ PAID CK# / CC		C# / CASH NOTES		

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

In consideration of participating in **North Florida Gymnastics and Cheerleading** classes, programs or special events. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper 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 my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" 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 the Activity.

I hereby release, discharge, and covenant not to sue **North Florida Gymnastics and Cheerleading**, its 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 "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

ADULT PARTICIPANT CONSENT: 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.

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 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.

MEDICAL AUTHORIZATION: The parent/guardian/adult participant authorizes the management and staff of **North Florida Gymnastics and Cheerleading** to act with their best judgment in the event of a medical emergency and/or routine medical care. The parent/guardian/adult participant grants permission for emergency medical treatment and/or routine medical care by the **North Florida Gymnastics and Cheerleading** staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of the participant and will be reported to the parent/guardian as soon as possible. By signing below, the parent/guardian/adult participant waives/and/or releases the **North Florida Gymnastics and Cheerleading** staff from any and all liability and/or financial responsibility for any medical expenses incurred.

MEDIA RELEASE: I give my permission to **North Florida Gymnastics and Cheerleading** to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or advertising.

RULES, POLICIES, PROCEDURES AGREEMENT: I have also RECEIVED AND READ A COPY of the North Florida Gymnastics and Cheerleading RULES, POLICIES, PROCEDURES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

POLICIES (Initial Each Line)

Tuition is due on the 1st day of the calendar month for classes. A \$10.00 Late Fee is added on the 5th of the month. Past due balances will automatically be charged to your credit card on file on the 6th of the month. Delinquent accounts will be filed with the credit bureau.

Annual Registration Fees and Tuition are Non-Refundable. Annual Registration Fees will automatically be charged to your credit card on file on the 1st day of your renewal month.

A \$25.00 NSF will be charged on returned checks. A valid credit card is required for registration. There is an additional \$8.00 charge per month if a valid credit card is not on file with the office.

Two make up classes may be scheduled per month. Make ups must be scheduled within 60 days of missed classes. Make ups cannot be done after you have dropped classes. Classes are held year-round based on the NFGC Calendar. Make ups will be scheduled based on NFGC availability/schedule. If you fail to attend a scheduled make up class, you forfeit that make up.

I understand and agree that I am obligated to give a "30 day written withdrawal notice to the front desk" on the last day of the calendar month prior to the month withdrawing from a class or program. This applies to ANY withdrawal at ANY time. I understand there are NO exceptions to this policy. Withdrawal notices are accepted through email or in person with written confirmation from the front desk. Verbal withdrawals are NOT accepted.

Accounts must be in good standing in order to participate in class.

PreSchool parents are required to stay in the lobby while their participant participates in class.

All parents must be in the lobby to pick up their participant no later than 5 minutes prior to class ending. We are not responsible for your participant once class is dismissed. Please call the front desk, if you are going to be late.

PRINTED NAME OF MINOR PARTICIPANT _				
PRINTED NAME OF PARENT / GUARDIAN /	ADULT PARTICIPANT	(INCLUDES PARENT P	ARTICIPATION CLASSES)	
SIGNATURE OF PARENT / GUARDIAN / ADI	III T PARTICIPANT	DAT	F	_