



After Care Registration Form 2019-2020

Student Information

| | | | | |
|---|----------------------|----------------|--------|------------------------|
| Student Name: | | Sex: | Age: | DOB: _____/_____/_____ |
| School Attending: | | School Ph: | Grade: | |
| Mother's Name: | | Father's Name: | | |
| Address: | | City: | ST: | Zip: |
| Home Ph: | Work Cell: | Cell Ph: | | |
| E-mail Address: | Alternative Contact: | Emergency Ph: | | |
| Are there any medical conditions/allergies to which we should be alerted? <input type="checkbox"/> Yes (Please Specify below) <input type="checkbox"/> No | | | | |

I understand that it is the intent of Ace Gymnastics to provide for the safety and protection of my child therefore, if I am not available, I authorize ACE and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.

Signature of Parent/or Legal Guardian

Date

Persons Authorized to Pick-up (other than Parents & Emergency Contact)

| | | | |
|-------|-----|-------|-----|
| Name: | Ph: | Name: | Ph: |
| Name: | Ph: | Name: | Ph: |

Days Attending & Payment Information

| | | | | | | |
|------------------|--|--------------------------------------|---|--------------------------------|-------------------------------|--|
| Days Attending: | M <input type="checkbox"/> | T <input type="checkbox"/> | W <input type="checkbox"/> | TH <input type="checkbox"/> | F <input type="checkbox"/> | “You may choose as few or as many days as you require, however: the days must remain consistent (days may not vary week to week) 2Days \$189.00 3Days \$279.00 4Days \$309.00 5Days \$349.00 |
| Class Preference | Gymnastics <input type="checkbox"/> | Tumbling <input type="checkbox"/> | Please select a preferred class time. Accommodations based on availability: <input type="checkbox"/> 4pm-5pm <input type="checkbox"/> 5pm-6pm | | | |

Payment Information check payment method

| | | |
|--|-----------|-------|
| Annual Membership Fee (prorated quarterly) | \$ | 50.00 |
| | \$ | |
| FOR OFFICE USE Form of Pmt.: <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/> Cash | \$ TOTAL: | |

CREDIT CARD ON FILE (REQUIRED GUARANTEED FORM OF PMT.)

***charged to account only if payment is not received before the 8th of each month**

| | |
|--|---------------------------------|
| Card Holder Name: | Card Type: |
| Credit Card #: | Expiration Date: Verification # |
| Billing Address & Zip Code (if different from Client): | |

I fully understand the ACE GYMNASTICS tuition payment policies of which I am in receipt. I understand that ACE GYMNASTICS **requires** ACH information to be on file. I authorize ACE GYMNASTICS to charge the ACH information on file to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 1st of each month. In the event that my account is past due, I understand that charges will include a **\$10.00 late fee** as specified in the payment policies.

I am aware that check payments or automatic checking account debit transactions with insufficient funds will result in a \$35 returned check fee to cover bank penalty charges plus any additional fees. Returned checks or insufficient bank fund debits exceeding two instances will result in suspension of my check writing privileges / automatic checking account agreement.

ACE GYMNASTICS requires a **“30-Day Written Drop Notice”** which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.

Signature of Parent/or Legal Guardian

Date



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

In consideration of participating in ACE GYMNASTICS, 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 ACE GYMNASTICS, 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.

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 or 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.

_____ Date: _____
Printed name of participant

_____ DOB: _____
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 AGREE 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 Releasees 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 Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Signature of Parent/or Legal Guardian

MEDIA RELEASE

I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of ACE GYMNASTICS may use and/or reproduce such photographs and recordings. I hereby release ACE GYMNASTICS and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Parent / Legal Guardian Signature: _____ Date: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY WITHDRAWAL

I authorize the above name Originating Company to initiate credit/ debit entries and to initiate, if necessary, debit/ Credit entries and adjustments for any entries to my (our) account listed below.

FINANCIAL INTSTITUTION NAME: _____

***TRANSIT/ABA NUMBER (ROUTING#):** _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: **CHECKING** **SAVINGS**

The authority is to remain in full force until the company has received written notification from me (or either of us) of its termination in such manner as to afford the company a reasonable opportunity to act on it. (30 days)

ATHLETE NAME (PRINTED): _____

ACCOUNT NAME (PRINTED): _____

AUTHORIZED SIGNER (SIGNATURE): _____

DATE: _____ **SIGNATURE:** _____

***Nine digit routing number that appears on the bottom of check (include a voided check with authorization)**