

REGISTRATION FORM



Mother _____ Father _____

Address _____ Home Phone (____) _____ - _____

City _____ Zip _____ Mom's Cell (____) _____ - _____

E-Mail: _____ Dad's Cell (____) _____ - _____

Mom's Wk (____) _____ - _____ Dad's Wk (____) _____ - _____

Student's Name (male/female) _____ Age ____ Birthdate ____/____/____

Student's Name (male/female) _____ Age ____ Birthdate ____/____/____

Student's Name (male/female) _____ Age ____ Birthdate ____/____/____

Student's Name (male/female) _____ Age ____ Birthdate ____/____/____

Acknowledgment of Risk and Release

As parent or legal guardians of the above named persons, I hereby give my consent to participate in the programs of Phoenix Gymnastics and Dance Academy. 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 Phoenix Gymnastics and Dance Academy 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 Phoenix Gymnastics Academy Inc, 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 Phoenix Gymnastics Academy, Inc.

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 Phoenix Gymnastics & Dance Academy.

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. However, if there is room in another class you may schedule a make up class at the front desk. 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 child's name will not appear on the class list and they will not take class.

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 Phoenix Gymnastics & Dance Academy.

Parent / Guardian Signature _____ Date ____/____/____

Permission to Treat (Optional)

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 ____/____/____

Emergency Contacts

In an emergency when parent or guardian cannot be reached please call:

Name _____ Phone (____) _____ - _____

Insurance Co. _____ Policy # _____

Any Medical Condition to be aware of: _____

Students School _____

Previous experience(y/n) ____ Where _____ How Long _____

How Did You Learn About Us? Another Customer Web Site Mailer Birthday Party Yellow Pages

Other _____