



SESSION 2

Registration for classes BEGINNING January 2, 2018 and ENDING June 9, 2018

gymnasticstrainingcenterCT@gmail.com

www.gymnasticstrainingcenter.com

Tel: (860) 658.7340

Fax: (860) 658.1665

Student #1 _____ Sex: M F Age: _____ D.O.B. ____/____/____

Class - 1st Choice: Day _____ Time _____ 2nd Choice: Day _____ Time _____

Student #2 _____ Sex: M F Age: _____ D.O.B. ____/____/____

Class - 1st Choice: Day _____ Time _____ 2nd Choice: Day _____ Time _____

Please describe any allergies/ pertinent information that would help us to better teach your child. _____

GTC has my permission to use my child's photo (unnamed) on website _____

Parent/Guardian's Name: _____ Parent 2. _____

Full Address _____ Town _____ Zip _____

Phone # _____ Cell # _____

Email* _____

****All communications will be sent via email. (GTC storm closings, announcements, billing)**

Emergency Contact Name _____ Phone _____

Hospital Preference: _____

Enrollment: Your child's registration includes SESSION 2 AND SESSION 3. They will be billed separately.

Cancellation for SESSION 2: If you wish to terminate your child's registration for SESSION 2, please do so in writing between March 12 and March 17, 2018. A penalty of 50% of the total tuition fee will be assessed if you do not notify us by this date. All cancellations must be made in writing and may be sent via fax (860) 658-1665, email or in person.

I understand the enrollment policy, cancellation dates, and penalties associated with it.

Signature: _____

Refund Policy: There are no refunds once classes begin.

Yearly Registration Fee: A yearly, non-refundable registration fee of \$30 (single) or \$50 (family), must accompany all registrations.

Tuition: I will be paying by:

- Check in Full; please deduct \$10 from total if paid by **September 30th**. (A Visa/MasterCard Number is **required** as a guarantee of payment.)
- Visa / MasterCard / Debit card, in full at registration.
- 4 Installments paid by check, bills will be emailed monthly.
- 4 Automatic Installments by Visa / MasterCard / Debit card.

Please provide a credit card as a guarantee of payment. *A late charge of \$10 will be charged to any account not paid by the 7th of the month. 1 ½ % after 60 days. Returned Check Fee: \$25

Card # _____ Exp. Date _____

Name as it appears on the Card _____

Signature _____

Office Use Only:
Check # & Date _____

PLEASE COMPLETE REVERSE SIDE

The Gymnastics Training Center Consent and Release Form (September 12, 2017 - August 31, 2018)

Consent and Release Form

We, the staff of The Gymnastics Training Center of Simsbury, Inc. (GTC) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling and rock climbing. Safety is our primary concern at GTC. Parents are asked to assist us in communicating to their children the possibility of injury and instruct their children to follow all the safety rules and the coach’s instructions. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury. Parents should warn their child in age-appropriate terminology. The Gymnastics Training Center of Simsbury, Inc. will warn the child through “Safety Messages” in our teaching style and progressions.

In compliance with our insurance company it is our responsibility to inform you of the following: Please read, sign and date where appropriate. (Releasees refers to The Gymnastics Training Center of Simsbury, Inc., “GTC” and its representatives whether paid or volunteer)

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

In consideration of participating in the gymnastics, tumbling and trampoline, at “GTC” I represent that I understand the nature of this Activity and that my child is 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 have him / her 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 child’s 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 above; 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 that my minor child should incur as a result of his / her participation in the 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.

Printed name of (Student) Participant _____ Date: _____

Printed name of (Parent) Participant _____ Date: _____

Signature of (Parent) Participant _____ Date: _____

I, _____, parent and/or legal guardian of minor child(ren), _____ 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 The Gymnastics Training Center of Simsbury, Inc, and/ or it’s representatives whether paid or volunteer 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 Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian _____

Signature of Parent / Legal Guardian _____

Full Address _____

I fully understand that staff members at “GTC” are not physicians or medical practitioners of any kind. With the above in mind, I hereby release “GTC” and its staff to render first aid to my child or children in the event of any injury or illness. In addition, I authorize”GTC” and its staff to seek medical treatment at the nearest medical facility in case of emergency.

Parent / Legal Guardian Signature _____ Date _____