

*Eagles Gymnastics & Dance Centre*  
209 West 135<sup>th</sup> Street – Kansas City, MO 64145

**EAGLES REGISTRATION FORM**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Students First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ \*Email address: \_\_\_\_\_

**PARENT / GUARDIAN INFO**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Other Than Yourself: \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Medical Conditions**, if any: \_\_\_\_\_

**How did you hear about Eagles?** \_\_\_\_\_

**Eagles Gymnastics & Dance Centre - TERMS AND CONDITIONS**

\_\_\_\_ **EAGLES TUITION FEE** is payable before each month begins. **NO EXCEPTIONS.** Tuition can be paid at the office via checks, cash, VISA, MC cards. Tuition can be mailed to 209 West 135<sup>th</sup> Street, Kansas City, Mo. 64145. Please make checks payable to Eagles Gymnastics.

\_\_\_\_ **ANNUAL REGISTRATION FEE** is non-refundable and must be paid along with the first month's tuition for **EACH** student. **If classes are dropped for three months or there is not a written notice of a drop, the registration fee per child must be re-established.**

\_\_\_\_ **DROPPING CLASSES** is permitted only by notifying the office (telling a coach is not sufficient) **before the 1<sup>st</sup> of the month that is being dropped.** Dropping will NOT reserve your class space.

\_\_\_\_ **MAKE-UP CLASSES - There are NO REFUNDS, DISCOUNTS or PRORATES if the student is absent,** and absences are not transferred to other sessions. An open gym coupon is available for class absences.

**MEDICAL RELEASE FORM**

- I give my approval for the above named student's participation in any and all activities of the EAGLES GYMNASTICS & DANCE CENTRE programs.
- I hereby forever waive, and forever release and discharge the Eagles Gymnastics & Dance Centre, Inc., their officers, directors, employee and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the Eagles Gymnastics & Dance Centre, Inc.
- I authorize the representatives of Eagles Gymnastics & Dance Centre, to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Eagles Gymnastics & Dance Centre.
- I understand that participation is entirely by my own choice and with the understanding that there is risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- The Eagles Gymnastics & Dance Centre, is not responsible, whatsoever, for anything that happens before or after the students designated workouts and dance classes.
- ***I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.***

Signature of Parent,  
Guardian, or Participant (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_