



Eagles Gymnastics A Kid's Activity Center

209 West 135th Street – Kansas City, MO 64145

rev 8-2011

EAGLES GYMNASTICS REGISTRATION FORM

Date ____/____/____

Students First Name _____ Last Name _____

Birthday ____/____/____ Sex _____ Grade _____ School _____

Home Address _____ City _____ ST _____ Zip _____

Home Phone: _____ *Email address (required): _____

PARENT / GUARDIAN INFO

Father's Name _____ Cell Phone _____ Alternate Phone _____

Mother's Name _____ Cell Phone _____ Alternate Phone _____

Emergency Contact Other Than Yourself: _____ Phone(s) _____

Medical Conditions, if any: _____

Eagles Gymnastics - Important Policies - TERMS AND CONDITIONS

Please initial each policy:

____ **EAGLES TUITION FEES** are due before the month begins. There is a grace period through the 6th for payment of fees. After the 6th an **additional \$4** is charged. If no payment is received during the month in which it is due, an **additional \$10** will be owed.

____ **ANNUAL MEMBERSHIP FEE** is **non-refundable** and must be paid along with the first month's tuition for each student.

____ **DROPPING CLASSES** is effective when you notify the office **before** the dropped month begins. Dropping a class releases the student's space in class.

____ **MISSED CLASSES** - There are **NO REFUNDS, DISCOUNTS or PRORATED FEES** for missed classes. Make-ups cannot be made after a student drops.

LIABILITY RELEASE FORM

- I give my approval for the above named student's participation in any and all activities of the EAGLES GYMNASTICS programs.
- I hereby forever waive, and forever release and discharge EAGLES GYMNASTICS, 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.
- I understand that it is my option to consult a physician for assurance of proper health and am hereby encouraged to do so by EAGLES GYMNASTICS.
- I authorize the representatives of EAGLES GYMNASTICS to provide any emergency medical services that may be required due to an injury during any activity at EAGLES GYMNASTICS.
- I understand that participation is entirely by my own choice and also understand that there are risks and a possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- EAGLES GYMNASTICS is not responsible, whatsoever, for anything that happens before or after the student's designated workouts and 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.**

MEDIA RECORDING and USAGE RELEASE

- I hereby give my consent for the image and likeness of the above named student to be videotaped, audiotaped, or photographed and used by Eagles Gymnastics on Eagles' web site, on Eagles' Facebook page, in Eagles' promotional brochures, advertisements, flyers and in any other promotional materials.
- I hereby waive any right I may have to inspect or approve any use of this media and I release Eagles Gym Centre and its employees and agents from all liability which could result from its use.

I do consent to my child's picture being used

I do NOT consent to my child's picture being used

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

Witness _____ Date _____