



# Eagles Gymnastic & Dance Centre Inc.

"Where Champions Train"

209 West 135<sup>th</sup> Street – Kansas City, MO 64145

## EAGLES GYMNASTICS REGISTRATION FORM

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Class \_\_\_\_\_ Start Date: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ \*Email address (required): \_\_\_\_\_

### PARENT / GUARDIAN INFO

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

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

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

How did you hear about us? Referral? \_\_\_ Internet Search? \_\_\_ Saw an Ad? \_\_\_ Groupon? \_\_\_ You're in the neighborhood? \_\_\_  
Did your child attend one of the following at Eagles: A birthday party? \_\_\_ A camp? \_\_\_ An open gym? \_\_\_

### LIABILITY RELEASE FORM

- I give my approval for the above named student's participation in any and all activities of the EAGLES GYMNASTIC & DANCE CENTRE, INC. programs.
- 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 GYMNASTIC & DANCE CENTRE, INC.
- I authorize the representatives of EAGLES GYMNASTIC & DANCE CENTRE, INC. to provide any emergency medical services that may be required due to an injury during any activity at EAGLES GYMNASTIC & DANCE CENTRE, INC.
- As Parent, Guardian or Participant, I understand that participation for the above named student 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 motion, unusual motion, or height.
- EAGLES GYMNASTIC & DANCE CENTRE, INC. is not responsible, whatsoever, for anything that happens before, during or after the student's workouts and classes.
- I HEREBY FOREVER WAIVE, AND FOREVER RELEASE AND DISCHARGE EAGLES GYMNASTIC & DANCE CENTRE, INC., THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY THE ABOVE NAMED STUDENT OR PARTICIPANT IN CONNECTION WITH USE OF EQUIPMENT, INSTRUCTORS, AND FACILITY INCLUDING INSIDE AND OUTSIDE ACTIVITIES ON EAGLES GYMNASTIC & DANCE CENTRE, INC. PROPERTY.
- **MY SIGNATURE BELOW DOES HEREBY VERIFY THAT I HAVE READ AND UNDERSTAND AND ACCEPT EACH OF THE ABOVE POLICIES, TERMS AND CONDITIONS AND FOREVER WAIVE, AND RELEASE EAGLES GYMNASTIC & DANCE CENTRE, INC.**

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

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

### 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 without my prior inspection or approval. I release Eagles Gym Centre and its employees and agents from all liability which could result from its use. **\*\*Eagles does NOT include any personal info with any pictures or video used.**

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

Office Use Only:    Try    Auto-Pay    Non Auto-Pay

## Recreational Payment Contract with Card on File

Child's Name: \_\_\_\_\_ Class Day & Time: \_\_\_\_\_

Please Initial Below: \_\_\_\_\_ Start Date: \_\_\_\_\_

❖ I understand that there are no refunds, discounts or pro-rated fees for missed classes. I further understand make-up classes cannot be made after dropping.

\_\_\_\_ I agree with the statement above

❖ I understand there is NO refund once the credit card has been processed.

\_\_\_\_ I agree with the statement above

❖ I understand cards will be charged according to this contract for the upcoming month on the 15th of the month prior.

\_\_\_\_ I agree with the statement above

❖ I understand a \$25 fee will be added in the event my card is declined and if I do not provide a valid credit card to Eagles within 24 hours of the email notification about the declined card. No refund of the \$25 fee will be given.

\_\_\_\_ I agree with the statement above

❖ I understand that if I do not pay for an upcoming month by the 30th of the month prior, my child(ren) will be dropped out of all classes.

\_\_\_\_ I agree with the statement above

❖ I understand this contract is continuous and I will be charged every month including once a year for my annual membership fee unless I cancel my contract BEFORE the 10th of the month prior to the month I wish to cancel by the methods listed below.

\_\_\_\_ I agree with the statement above

❖ I understand the **ONLY** ways to cancel my contract, without a cancellation fee is:

1. send an email to info@eaglesgymnastics.com BEFORE the 10th of the month prior to the month I wish to cancel
2. Sign and turn in a drop form at the front counter BEFORE the 10th of the month prior to the month I wish to cancel

**Example: If I want to drop for April, I would have to send an email or submit a drop form BEFORE March 10th**

\_\_\_\_ I agree with the statement above

By signing below I understand and agree with all policies above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address (if different than home address): \_\_\_\_\_  
\_\_\_\_\_

-----  
Credit Card Number (Visa/MC/Discover. only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

CVC \_\_\_\_\_ (3 digit code on back of card)

