



Eagles Gymnastics & Dance Centre

"Where Champions Train"

209 West 135th Street – Kansas City, MO 64145

EAGLES GYMNASTICS REGISTRATION FORM

Student's First Name _____ Last Name _____

Birthday ____/____/____ Gender _____

*Email address (required): _____

Home Address _____ City _____ ST _____ Zip _____

Home Phone: _____

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? __
Your child attended one of the following at Eagles: A birthday party? ____ A camp? ____ A Kid's Night Out? ____

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, EMPLOYEES, 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.
- **My signature below does hereby verify that I have read and understand and accept each of the above policies, terms and conditions.**

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

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

Witness _____ Date _____

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

Class Day & Time: _____

Start Date: _____

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 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: ____/____

CID _____ (3 digit code on back of card)