



Student Registration Form

Office Use Only:
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PRECISION GYMNASTICS & TUMBLING

Child's Name _____ Age _____ DOB _____ Sex _____

Child's Name _____ Age _____ DOB _____ Sex _____

Child's Name _____ Age _____ DOB _____ Sex _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Medical Conditions, if any _____

Parent / Guardian Information

Mother's Name _____ (W) Phone _____ Cell _____

Occupation _____ Email _____

Father's Name _____ (W) Phone _____ Cell _____

Occupation _____ Email _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

How did you here about us? _____

Release Form

- **Eligibility:** I agree to comply with the rules of Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling.
- **Participation:** I consent to have my child or children participate in the programs offered by Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling. I, my executors, or other representatives, forever waive and release all rights and claims for damages that I or my child may have against Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling and / or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.
- **Medical Attention:** I fully understand that Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling staff to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation by a Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling staff member or its representatives, whether paid or volunteer, or the calling of an ambulance for said child should the Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling staff deem this necessary.
- **Waiver:** I am aware that I should make my child or children aware of the possibility of injury and will encourage my children to follow all the safety rules and the coaches' instructions. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further understand that it is the parents' responsibility to warn their children about the dangers of gymnastics and injury. Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case of any exhibition, competition, or clinic in which my children may participate while traveling to or from the event. I also agree that Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling, its coaches and other staff members, shall not be liable for any losses or damages occurring as a result of my children's participation in the event. Gymnastics Unlimited,LLC,DBA: Precision Gymnastics & Tumbling will only warn the child through "Safety Messages" and our teaching style and progressions.

I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.

Parent/Guardian Signature: _____ Date: _____

Rules & Policies Contract

PRECISION GYMNASTICS & TUMBLING

1144 N. PLANO RD., SUITE 104 RICHARDSON, TX 75081 972-907-2248

_____ Tuition is due on the 1st of each month.

*If payment is not received by the 10th, tuition will increase \$10.00 for that month

*If payment is not received by the 20th, tuition will increase an additional \$10.00.

*Child(ren) will be dropped from the program if payment is not received by the end of the month; you will still be responsible for the full amount past due.

_____ Precision Gymnastics registration fee is: \$35.00 (1st child), \$25.00 (2nd child), \$15.00 (3rd child) or \$60.00 (family registration).

*This fee is annual; it is assessed yearly on the month it was first paid.

*This fee is non-refundable.

_____ Students are allowed one make-up class per month.

*Make-ups must be done within two weeks of the missed class.

*Make-ups must be scheduled through the office in advance; availability is not guaranteed.

*Precision Gymnastics will not refund, discount, or prorate for missed classes.

_____ Lessons are based on an average of 4 classes per month per calendar year.

*Accounts will not be charged for months with 5 classes nor will they be credited for months with 3 classes.

*Holidays and closings (Spring and Christmas break) are included in the average.

_____ Precision Gymnastics tuition runs month to month, and its program runs throughout the year; this means through the summer as well.

*Ten (10) days written notice must be given prior to ceasing payment.

*Verbally informing an instructor, other staff member or placing phone calls (including leaving a message) are not considered proper notice.

*If notice is received at the end of a month or the beginning of a month, tuition will be prorated based on the number of classes available during the ten day period.

*You will be responsible for paying tuition for the following month if written notice is not received.

_____ Cancellations due to circumstances beyond the control of Precision Gymnastics do not constitute a make-up day. (example: power outage, snow or ice). Precision Gymnastics reserves the right to cancel any class at anytime. You will be contacted to arrange another class time.

_____ A copy of Precision Gymnastics rules and policies has been given to me.

Staff member's initials _____

OFFICE USE ONLY

Trial Class Date: _____ Trial Class Code: _____

Registration Fee: _____ 1st Month's Tuition _____ Total: _____

Tuition Amount Monthly: _____

Child: _____ Class: _____

Child: _____ Class: _____

Child: _____ Class: _____