 Registration Form -2021

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| Name | Sex | Age | Date of Birth |
| Name of School | School Dismissal Time | Grade |
| Previous Gymnastics Training/Facility (if any) | Last level Competed (if any) | USAG# or AAU# (if any) |
| Mother’s Name | Father’s Name |
| Home Address | City, State, Zip |
| Cell Phone #Home Phone # | Email Address |
| Emergency Contact Name and Relation | Emergency Contact Phone Number |
| Are there any **medical conditions/ allergies** to which we should be alerted? Yes or NoPlease Specify: |
| I understand that it is the intent of RAD Gymnastics to provide for the safety and protection of my child. Therefore, if I am not available, I authorize RAD Gymnastics and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/ Legal Guardian Date |
| SELECT GYMNASTIC REGISTRATION Recreation Boys Team Girls Compulsory Team Girls Optional Team |
| Individual Annual Registration Fee $50.00/1st child, $25.00/2nd child, $85.00/3 or more children  Monthly Self Pay Automatic Charge Credit Card Per Month (3% Transaction Fee applies) **No Refunds, Class participation credit only.**  |
|  Guaranteed Form of Payment Required is required date of registration. See additional payment policies on the next page along with Guarantee Form of Payment Credit Card Authorization Form. I have read and agree to comply with this requirement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/ Legal Guardian Date |

RAD Gymnastics 290 Springview Commerce Dr. Suite 2, Debary, FL 32713 (386) 668-7234 info@radgymnastics.com

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| GUARANTEED FORM OF PAYMENT CREDIT CARD AUTHORIZATION FORMImage result for mastercard and visa logos |
| Card Holder Name: | Card Type: |
| Credit Card # | Expiration Date: |
| Billing Address: | Zip Code |

I fully understand the RAD Gymnastics tuition payment policies of which I am in receipt and therefore agree to the following:

I understand that the tuition is due on the 1st of each month. I also understand that a $10.00 Late Fee will be charged to my account if tuition is paid after the 10th of the month.

I understand All tuition payments must be current and up-to-date in order for a gymnast to participate in regular workouts. An athlete’s account will be considered inactive if the account balance is not paid in full by the last payment due date.

I understand registration and monthly tuition are non-refundable.

I understand my credit card will be charged for any unpaid balances on the 14th of the month.

I understand using my credit card will incur a 3% transaction fee and will be charged to my account.

I understand practices are on the schedule for the entire year (excluding holidays), and any days missed or non-workout days will not be credited or discounted from my monthly tuition.

I understand a **DROP NOTICE** is required to drop from team or recreational program. RAD Gymnastics requires a **“30 Day Written Drop Notice**”, which is strictly enforced. This notice must be received before the first of the month Prior to the month dropping. Failure to give notice will result in full payment for one-month tuition. I understand that I am responsible for tuition for the month, even if the notice was not given. Notices received AFTER the 1st week of the month will not be processed until the 1st week of the following month and will take effect the following month.

I understand if I pay with a check and it is returned, I will incur $30.00 NSF fee, which will be charged to my credit card on file.

I understand that if my account is 60 DAYS PAST DUE, it will be filed with the Credit Bureau. I also understand that I am responsible for any fees incurred in the process of collection including small claims court.

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Signature of Parent/ Legal Guardian Date

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**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

**(“AGREEMENT”)**

In consideration of participating in RAD Gymnastics, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I further acknowledge, understand, appreciate, and agree, that my participation may result in possible exposure to illness from infectious diseases, including but not limited to, MRSA, Influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the release of others, and assume full responsibility for my participation and exposure.

I hereby release, discharge, and covenant not to sue RAD Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**Printed Student Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

**Signature of Parent/or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDIA RELEASE**

I hereby consent to the photographing of my child and the recording of my child’s voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term “photograph” as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of RAD may use and/or reproduce such photographs and recordings. I hereby release RAD and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officer’s agents and employees from all claims of every kind on account of such use.

**Parent / Legal Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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