



Registration Form must be completed and submitted to GLT office before any program participation

**Step 1. Family Information / Parent / Guardian / Billing Contact**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ How did you hear about us?: \_\_\_\_\_

Emergency Contact (if parents are unavailable): \_\_\_\_\_

**Step 2. Student Information**

1<sup>st</sup> Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>nd</sup> Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3<sup>rd</sup> Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Medical Conditions/Allergies/Restrictions: \_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_

**ASSUMPTION OF RISK, WAIVER OF LIABILITY** As legal guardian of the above named persons, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading, camps, private lessons, birthday parties, party guess, bring a friend, open gym, special events, and weight training. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Gym Like This! and I **ACCEPT ALL RISKS** associated with that participation. Inconsideration for allowing my child to use this facility, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby **CONVENANT NOT TO SUE** and **FOREVER RELEASE** Gym Like This!, its officers, directors, shareholders, employees or other representatives, be they are paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of Gym Like This!. I also understand that it is the parents' responsibility to warn the child about the dangers of injury. The parent should warn the child according to what the parent feels is appropriate. Gym Like This! will only warn the child through Safety Messages and our teaching style and progressions. I also understand and give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate of the promotion of Gym Like This!

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE** I confirm that my child is in good health and I have medical insurance on my child and will provide coverage while he/she is enrolled. I fully understand that Gym Like This! staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Gym Like This! staff members to render temporary first aide to my child in the event of any injury or illness, and if deemed necessary by the Gym Like This! staff, to seek medical help including call of an ambulance for said child. **Additionally, I hereby agree to individually provide all medical expenses, which may be incurred by my child as a result of any injury sustained while participating at Gym Like This!**

**TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION** Gym Like This! is a year round facility providing recreational programs based on sessions. All recreational programs are provided on a 1<sup>st</sup> come 1<sup>st</sup> serve basis. Session Fees must be paid prior to the last class each session to insure continued enrollment in your chosen class. Students not paid prior to the 1<sup>st</sup> class of the new session will be dropped from the class. Make Up classes are limited to 2 per session, based on space availability and not guaranteed except for cancelled classes due to Holiday's.

One Free Trial class is offered prior to enrollment. We will make every effort to ensure that your child is placed in a class and time that is acceptable to you. If we are unable to meet your expectations, we will gladly refund any tuition payments prior to the 2<sup>nd</sup> class after initial enrollment. No other refunds will be given.

Competitive Team Program tuitions are due on the 1<sup>st</sup> of each month. Please refer to our Team Manual(s) for additional Team information regarding practice times, attendance, and financial responsibilities.

- ◆ Session & Registration Fees: A non-refundable registration is due upon enrollment & annually thereafter; session fees are due prior to the 1<sup>st</sup> class of each session. Refer to current schedule for pricing.
- ◆ Open Gym: Must be registered student & sign up 24 hours in advance.
- ◆ Discounts: 20% on additional classes or siblings. (only one applies, lower class tuition) Competitive team members receive a 10% sibling discount for classes.
- ◆ New Client Referral Program: Refer a new client; get \$5.00 on your account when the new family enrolls in a program.
- ◆ Competitive Team Tuition, Discounts & Registration: Requires a full season commitment. Refer to Team Manual.
- ◆ All fees are non-refundable except as otherwise stated.
- ◆ There is a \$35.00 service fee on all returned checks and declined credit cards that are billed for payment plans — payable in cash only.
- ◆ All Special Happening events require a minimum of 24 in advance sign up. (Addition \$5.00 for signing up on the day of the event)

**NICE TO KNOW** Classes are filled on a 1<sup>st</sup> come 1<sup>st</sup> serve basis. Gym Like This! requires a minimum of 3 students per classes. Gym Like This! reserves the right to change classes times, combine classes, and/or cancel classes due to low enrollment. Gym Like This! does not offer refunds, or credits for missed classes or classes canceled due to imminent weather. Open Gym Passes may be offered at the discretion of Gym Like This!

Parent Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3. Billing Information**

\_\_\_\_\_ I would like to enroll in the payment plan. Please charge my credit card account the balance due on my account and e-mail me my confirmation. (Auto billing is only for payment plans only. Fees for other products and/or services shall be paid at the time of purchase and/or registration.) I understand that if my credit card is declined for any reason, that a \$35.00 return fee will be charged to my account and must be paid in cash to continue with classes.

Parent Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Type: VISA / MASTERCARD # \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address of Credit Card if Different from above: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For security reasons, your credit card information above is destroyed after the information has been entered into our secure encrypted data base.