



douglasville gymnastics and cheerleading club, inc.

Building the Future One Child at a Time

REGISTRATION FORM

1) Child's Name _____ Birth Date ____/____/____ Sex: F M

Ethnicity: _____ School _____

2) Child's Name _____ Birth Date ____/____/____ Sex: F M

Ethnicity: _____ School _____

Home Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell #'s- Mom _____ Dad _____ Email Adress _____

Mother's Name _____ Occupation _____ Work phone # _____

Father's Name _____ Occupation _____ Work phone # _____

Family Physician _____ Name _____ Phone # _____

1. _____ 2. _____
Emergency Names and Numbers (relative or neighbor)

Please note any major past injuries and/or illnesses and dates. Include any medical information of which we should be aware.

Name of Ins. Co and Policy # _____ # _____

Who is responsible for payment? _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

ATHLETIC MEMBERSHIP AGREEMENT AND INFORMATION:

In consideration of my membership in Douglasville Gymnastics and Cheerleading Club, INC. (DGC) and my participation in DGC classes, events, competition and activities, I agree to be bound by each of the following:

Withdrawals: Should you choose to withdrawal your child from our program, a 30 day written notice is required. If notice is not received in writing, you will be responsible for the payment of one month's class fees _____ **(Initial)**

Late Pick Up: At any activity that we offer (Classes, Open Gym, Camps, Spend the nights, etc.) there is a \$5.00 charge for the first 10 minutes you are late picking up your child and \$2.00 fee for each additional 5 minutes. Unless cleared by us in advance. _____ **(Initial)**

Make Up Classes: We have make up classes on Saturdays. You must call ahead to schedule a makeup class. All missed classes during the months of August-December must be made up by the end of December. All missed classes during the months of January-May must be made up by the end of May. All lasses missed during the months of June-July must be made up by the end of August. _____ **(Initial)**
Registration Fee: Fees are non-refundable. _____ **(Initial)**

Tuition Fees: Our tuition rates are ser at a price that assures a certain quality of instruction. All classes for a registered student must be paid for our makeup policies and withdrawal policies have been set in order to preserve the integrity of our classes. _____ **(Initial)**

Late Payments: Your monthly tuition is due every 4 weeks and not necessarily the first of the month. You will receive a payment schedule. A \$5.00 late fee is added if you do not pay during the week that tuition is due. If payments are more than 2 weeks late, we reserve the right to place another student in your child's slot. _____ **(Initial)**

Service Charge: There is a \$25.00 service charge for returned checks. If not paid within 1 Week from notice of returned check, the check will be turned in to local authorities. _____ **(Initial)**

Eligibility: I agree to comply with the rules and regulations of Douglasville Gymnastics and Cheerleading Club, Inc.

Parent/Legal Guardian Signature _____ **Date** _____



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ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of:

1. Student's Name: _____

2. Student's Name: _____

I hereby consent to the above named person(s) participating in the programs offered by Douglasville Gymnastics And Cheerleading Club, Inc. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I also realize that my child/children will be performing and training on all gymnastics events plus various other training devices including the trampoline.

I further understand that while the payment of tuition and registration fees constitutes a part of consideration due to Douglasville Gymnastics and Cheerleading Club, Inc., for allowing my child/children to use the facilities and equipment at Douglasville Gymnastics and Cheerleading Club, Inc., an additional and important part of the consideration due to Douglasville Gymnastics and Cheerleading Club, Inc., is this signed release form.

Therefore, in consideration for allowing my child/children to use the Douglasville Gymnastics and Cheerleading Club, Inc.'s equipment and facilities, I hereby forever release Douglasville Gymnastics and Cheerleading Club, Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision, or control of Douglasville Gymnastics and Cheerleading Club, Inc. I further agree that the Douglasville Gymnastics and Cheerleading Club, Inc. and the sponsor of any Douglasville Gymnastics and Cheerleading Club, Inc. event, along with the employees, agents, officers, and the directors of these organizations, shall not be liable for any losses or damages occurring as a result of the conduct of one of the organizations or individuals identified above. As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child/children as a result of any injury sustained while training at, for, or under the direction of Douglasville Gymnastics and Cheerleading Club, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I hereby give my consent for Douglasville Gymnastics and Cheerleading Club, Inc. to act for me, through a medical staff of its choice, medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's/children's participation.

Parent/Legal Guardian Signature _____ **Date** _____