

**Planet Gymnastics Registration Form**

Students Name (1): \_\_\_\_\_ M/F      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Students Name (2): \_\_\_\_\_ M/F      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Students Name (3): \_\_\_\_\_ M/F      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

**Parent 1 Information:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent 2 Information:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions, allergies or individual needs we should be aware of: \_\_\_\_\_

Epi pen needed? \_\_\_\_\_

If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes? (Brochure, flyer, website, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have any physical limitations?  
\_\_\_\_\_

**REGISTRATION FEE**

All families will be charged a registration fee of \$30. This fee is good for 365 days.

**MAKEUP POLICY**

Make-ups are unlimited, as long as you are an enrolled student. *No refunds will be given for missed classes or scheduled holidays.* Make-ups can be done in a different class or during open gym.

**DROP PROCEDURE:**

No refunds will be given after 2 weeks of each session. **Please note: You are responsible for payment for your student's classes whether or not your student attends class** until the time you notify the staff of a drop date.

**PAYMENT SCHEDULE:**

Payment is due 2 weeks prior to the start of each session. Each monthly tuition is due on the 15th of the month prior.

**Assumption of Risk, Waiver of Liability, Medical Authorization**

Warning: By the very nature of the activity, gymnastics and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surfaces exist the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death.

I hereby agree to waive any claims or rights that you might otherwise have to sue us (Planet Gymnastics, INC.), our employees, owners, or officers for injuries that may occur as a result of **any** activity conducted at Planet Gymnastics. I assume all liability and risk. If injury should occur to the above named while participating in any Planet Gymnastics activity, I hereby authorize Planet Gymnastics to make use of my insurance policy. I understand that the payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_