

GWINNETT GYMNASTICS CENTER

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Occupation: _____ Email _____

Emergency Contact: _____ Phone: _____

1st Child: _____ Age: _____ Date of Birth: _____ GGC Class: _____

2nd Child: _____ Age: _____ Date of Birth: _____ GGC Class: _____

3rd Child: _____ Age: _____ Date of Birth: _____ GGC Class: _____

4th Child: _____ Age: _____ Date of Birth: _____ GGC Class: _____

GGC CONTRACT & PAYMENT SCHEDULE

A non-refundable registration fee of \$35.00 per child is due when enrolling. This is renewable yearly.

Tuition is due the 1st class of each month. There is a \$5.00 discount given monthly for each additional sibling in your family. If your payment is received after the 10th of the month a \$10.00 late fee will be charged.

There is a \$35.00 service charge for all returned checks. Accounts not paid by the end of each month will result in **REMOVAL OF CHILD FROM CLASS ROLLS AND YOU WILL BE RESPONSIBLE FOR ANY OUTSTANDING BALANCE**, and account may be submitted to collection agency.

Upon placement, your child's name will be automatically carried over to the next month's class rolls. Should you choose to withdraw your child from our program, a **30-DAY ADVANCED WRITTEN NOTICE IS REQUIRED**. If this notice is not received, you will be responsible for payment of one month's class fee, and the **YEARLY REGISTRATION FEE WILL BE VOIDED AND MUST BE PAID AGAIN UPON RE-ENROLLMENT.**

Gwinnett Gymnastics Center honors major holidays. Specific holidays will be printed on the yearly calendar. Monthly fees are set with this in mind; therefore there is no absentee credit for these days. In the event of bad weather, the Gwinnett Gymnastics Center will close only when Gwinnett County Schools close due to "Hazardous" road conditions. Those gymnastics classes cancelled will be rescheduled.

Your children are covered by a secondary insurance policy with a \$100.00 deductible. You must file with your Primary insurance first. Name of Primary Insurance: _____

I understand that I must purchase a GGC Leo in order for my child to participate in the Spring Fling at the end of the school year. _____

I received a GGC handbook and understand the rules and policies as listed above. Please Initial here _____
GGC Staff Initial here _____

EMERGENCY MEDICAL RELEASE / WAIVER AND RELEASE OF LIABILITY

The undersigned, being the parent or guardian of the student(s),

_____, Does hereby authorize Gwinnett Gymnastics Center, it's Coaches, Trainers, or any Member of it's Staff, to obtain Emergency Medical Treatment from any Physician, Hospital, or other Qualified Medical Personnel or Facility as needed in the event of accident or injury. The undersigned also agrees to be responsible for all the costs of said Emergency Treatment. The undersigned further states that the above mentioned student is in good health and is not suffering from any medical or physical impairment except: _____

_____. The undersigned further certifies that said student is not allergic to any medicines or drugs, except: _____

The undersigned is fully aware of and appreciates the risks, including the risk of possible serious injury, as well as other damages and losses associated with participation in gymnastics activities and training. The undersigned further agrees that Gwinnett Gymnastics Center, It's Officers, Employees, Agents, Directors, Coaches, Trainers, or any Members of It's Staff, shall not be liable for any losses or damages occurring as a result of participation in gymnastics activities and training, except for such loss or damages that is the result of intentional or reckless conduct of one of the Organizations or Individuals Identified above.

Parent: _____ Student: _____

.....

Name of Child participant (if under 18):

Name of Adult participant/parent:

I, (we) despite all reasonable precautions implemented for safety, am (are) 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 the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors, and administrator, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Gwinnett Gymnastics Center (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Gwinnett Gymnastics Center.

Participant Signature (if over 18)

.....

Minor Release

Name of Parent / Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against the releasee's named above, I will indemnify, save, and hold harmless each of the releasee's from litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian

Date