



T/L Date \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class Code \_\_\_\_\_

# Registration Form

## General Information

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Occupation \_\_\_\_\_ Business # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Dad's Occupation \_\_\_\_\_ Business # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Mom's email \_\_\_\_\_ Dad's email \_\_\_\_\_

1. Student Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Student Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Student Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Bill to, if different from above Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Legal Gaurdian (if different from above) \_\_\_\_\_

Emergency contact if parents can't be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions or allergies to which we should be alerted \_\_\_\_\_

How did you hear about us? (if word of mouth, from whom?) \_\_\_\_\_

## Parent and Athlete / Participant Understanding

I understand participation in tumbling, fitness and gymnastic athletics can be extremely valuable experience for young people. Azarian U.S. Gymnastics Training Center, Inc. makes every reasonable attempt to employ qualified coaches, supply athletes with proper equipment and facilities, and provide athletes with opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, various surfaces, and other training and competitive conditions that can cause injury and / or death.

## Assumption of risk – Waiver of Liability – Medical Authorization – Photo Release

I, as the athlete and/or parent, recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including, but not limited to gymnastics, physical fitness training, tumbling, dance, and cheerleading. Being fully aware of such risks of injury, I hereby agree and/or give consent for my child(ren) to participate in any and all Azarian U.S. Gymnastics Training Center, Inc. programs and activities and **I ACCEPT ALL RISKS** associated with this participation. In consideration for my or my child(ren)'s participation, I hereby, for myself or my child(ren) and our respective heirs and successors, **FOREVER RELEASE** Azarian U.S. Gymnastics Training Center, Inc., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of my child(ren)'s participation in all activities including those resulting from acts of negligence.

In the event of an accident or emergency, I hereby give my consent and/or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Azarian U.S. Gymnastics Training Center, Inc. and its representatives harmless in the execution of such transportation and treatment. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself and/or my child(ren) as a result of any injury sustained while in participation at or for Azarian U.S. Gymnastics Training Center, Inc.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used in Azarian U.S. Gymnastics Training Center publicity and advertising.

I have read and understood this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and **PHOTO RELEASE** and **I VOLUNTARILY** affix my name in agreement below.

Parent/Legal Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

## Student, Class and Payment Info.

### General Information

1. Student Name \_\_\_\_\_ New \_\_\_\_\_ Re-enroll \_\_\_\_\_ Add Class \_\_\_\_\_  
 1. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 2. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 Monthly Fee \_\_\_\_\_ Reg Fee \_\_\_\_\_ Insurance \_\_\_\_\_ Prorate \_\_\_\_\_ #Classes \_\_\_\_\_  
 Total \_\_\_\_\_ Received by \_\_\_\_\_ Paid by: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

2. Student Name \_\_\_\_\_ New \_\_\_\_\_ Re-enroll \_\_\_\_\_ Add Class \_\_\_\_\_  
 1. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 2. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 Monthly Fee \_\_\_\_\_ Reg Fee \_\_\_\_\_ Insurance \_\_\_\_\_ Prorate \_\_\_\_\_ #Classes \_\_\_\_\_  
 Total \_\_\_\_\_ Received by \_\_\_\_\_ Paid by: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

3. Student Name \_\_\_\_\_ New \_\_\_\_\_ Re-enroll \_\_\_\_\_ Add Class \_\_\_\_\_  
 1. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 2. Class Day \_\_\_\_\_ Class time \_\_\_\_\_ Code, Location \_\_\_\_\_ Coach \_\_\_\_\_ Start Date \_\_\_\_\_  
 Monthly Fee \_\_\_\_\_ Reg Fee \_\_\_\_\_ Insurance \_\_\_\_\_ Prorate \_\_\_\_\_ #Classes \_\_\_\_\_  
 Total \_\_\_\_\_ Received by \_\_\_\_\_ Paid by: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Grand Total (for more then one child) \_\_\_\_\_ Received by \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

**Please read and sign your approval of the following policies of  
Azarian U.S. Gymnastics Training Center, Inc.:**

- Discounted tuition rate applies only when tuition is received on or before the first calendar day of the month. Regular tuition rate applies to payments made after the first of the month. Payments received after the fifth of the month will be subject to a \$10 late fee.  
Your child will become inactive and loose their spot in class if tuition is not received by the tenth of the month. Tuition is based on four classes per month. Some months will have five classes, whereas others will only have three due to holidays. All students attending one class a week will receive 48 classes per year.
- Tuition is paid on a monthly basis. In the event of withdrawing from the program we require a two week notice prior to the end of the month so that another student may be scheduled in the spot.  
Monthly tuition is required during vacation time to hold the child's spot in class. Make ups will be available upon return. If you choose to drop from the program during vacation time, we cannot guarantee that the spot will be available upon return. Priority will be given on a first come first serve basis.
- Please notify us of any absences. You will receive a class credit and will have two months from the date of the absence to make up the missed class. You must be currently enrolled in the program or the make up is forfeited. Make up classes cannot be taken after a student has discontinued the program. No credit, prorate or refund will be given for missed classes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time in reviewing our policies and procedures. Your cooperation and patronage is appreciated.*

**Office Use Only**

\_\_\_\_ Emergency card completed & signed    \_\_\_\_ Policies from signed    \_\_\_\_ Enter name in office log w/start date  
 \_\_\_\_ Duplicate waiver complete    \_\_\_\_ Enrollment Log    \_\_\_\_ Coaches Log    \_\_\_\_ Entered in computer