

REGISTRATION FORM

_____ New Customer

_____ Annual Registration

PLEASE PRINT CLEARLY

Today's Date (Anniversary date): _____

(1) Parent/Guardian Name: _____ Home #: _____ Cell #: _____

Billing Address: _____ City: _____ Zip: _____

Occupation: _____ Employer: _____ Phone #: _____

(2) Parent/Guardian Name: _____ Home #: _____ Cell #: _____

Occupation: _____ Employer: _____ Phone #: _____

Email Address (REQUIRED FOR ONLINE ACCOUNT ACCESS): _____

In case of emergency contact (other than parent) Name: _____ Relation: _____ Phone: _____

How did you hear about us? (Check all that apply)

<input type="checkbox"/> Out & About	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Friend - Name: _____
<input type="checkbox"/> Community Event	<input type="checkbox"/> Internet/Web	(Required for referral bonus)
<input type="checkbox"/> Flyer/Mailer	<input type="checkbox"/> Street sign	

Please initial below to indicate your understanding and acceptance of the following policies:

PAYMENT: Standard method of payment is electronic auto-pay from a checking account or credit card. This is set-up at the time of registration and will be scheduled to deduct designated account on the first of every month. A \$5 fee will be charged is your credit card is declined or otherwise fails to go through. If you wish to pay by other forms an additional \$5 processing fee will be added to your monthly tuition. Tuitions are considered late after the 10th of the month and a \$15 late fee will be added. Any family that is late once will be converted to Auto-pay or will be required to pay six months in advance.

TERMINATION NOTICE: A 30-day written notice is required for all students withdrawing from the program. NO EXCEPTIONS. Proof of notification is your responsibility. Verbal notice to coaches or office staff is not acceptable. The equivalent of 30 days tuition (prorated) will be charged and due at the time notice is given. A re-enrollment fee of \$40 will be charged upon return.

REFUND POLICY: NO REFUNDS once registered and class has been attended NO EXCEPTIONS. Account credit may be given, upon management approval, for cancellations two weeks prior to child's official start date. Club Membership is non-refundable, non-transferable.

RULES & POLICIES: I received a complete list of Rules and Policies and agree to abide by them at all times.

CLASS INFORMATION

Trial fee: \$20 up to 55 min, \$25 up to 85 min)

1. Student's Name: _____ Birthday: ____/____/____ Age: _____ Gender: _____

TRIAL CLASS: Date of trial _____ Class _____ Day _____ Time _____ Coach: _____

ENROLLED: 1. Start Date _____ Class _____ Day _____ Time _____ Monthly/Bi-Monthly \$ _____

2. Student's Name: _____ Birthday: ____/____/____ Age: _____ Gender: _____

TRIAL CLASS: Date of trial _____ Class _____ Day _____ Time _____ Coach: _____

ENROLLED: 1. Start Date _____ Class _____ Day _____ Time _____ Monthly/Bi-Monthly \$ _____

Any health concerns/conditions our coaches/staff should be aware of? _____

PLEASE SIGN BACK PAGE TO COMPLETE REGISTRATION FORM

OFFICE USE ONLY

PAYMENT INFORMATION

PAYMENT TYPE: SQUARE PAYMENT Cash Check# _____

Monthly Tuition: \$ _____

AUTO-PAY SET UP: NO YES (start date: _____)

Bi-Monthly Tuition: \$ _____

ENROLLMENT:

Member Non-Member Family Roll Book

Club Membership: \$ _____

Special _____ Keywords IClass Attn card

Discount/Trial Fee: \$ _____

Referral bonus to: _____ \$ _____

Total due: \$ _____

Date entered: _____ by: _____

PLEASE READ CAREFULLY
RELEASE, AUTHORIZATION AND PARTICIPATION AGREEMENT
Contract Acknowledgements & Signatures

Child's Name _____ Parent's Name _____

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER – I understand gymnastics and other sports activities involve risk and possible injury, including but not limited to paralysis, death, emotional distress, or damage to myself, to property, or to third parties.

I understand that it is my responsibility as an adult participant or parent not to participate or allow participation if there are any physical, emotional, and behavioral or other problems that might compromise safe involvement. I understand that Champions Academy INC. does not carry medical insurance for participants and forever release the corporation, staff, owners, facility, and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at the related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Champions Academy INC. from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of Champions Academy INC. or their staff.

Should Champions Academy, or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Champions Academy for such fees and costs.

I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Champions Academy INC., including use of the complimentary services, or else I agree to indemnify and reimburse Champions Academy INC. for such fees and costs as incurred.

AUTHORIZATION OF MEDICAL CARE – In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

PARENT RESPONSIBILITY TO SUPERVISE – When I visit Champions Academy, or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constant supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS – I authorize use of my own and child's visual image and statements in newsletters, posters, and other advertising.

VALID DATES – These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family members participate in any activity at or with Champions Academy INC. I agree to complete a new Release, Authorization and Participation Agreement form 1) each year on my annual renewal registration date (anniversary date) during continuous enrollment, 2) upon new registration and/or re-enrollment.

FINANCIAL RESPONSIBILITY – I understand full payment is required prior to participation. I understand that I am obligated to pay full tuition once my child is registered and will continue to pay monthly or bi-monthly tuition until last day of class, which is at least thirty (30) days from the day of submitting written withdrawal notice. I must provide a written notice thirty days prior to my intended last day. The equivalent of 30 days tuition (prorated) will be charged and due at the time notice is given. Failure to do so will result in tuition being charged until requirement is fulfilled. I understand there is no refund, credit, or guaranteed make-up for missed classes. I must advise at least 24 hours in advance of my intended absence. I accept the responsibility of paying for any damage to facility and equipment caused by myself or a family member.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND, BY A COURT OF LAW, TO FOREVER WAIVE MY RIGHT TO MAINTAIN A LAWSUIT AGAINST CHAMPIONS ACADEMY ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ AND FULLY UNDERSTAND THIS ENTIRE DOCUMENT AND I AGREE TO BE LEGALLY BOUND BY ITS TERMS.

Parent signature _____ Date _____