



**OFFICE USE ONLY**

Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

Total: \_\_\_\_\_

Payment Type: \_\_\_\_\_

**REGISTRATION FORM**

Please fill out all sections completely. By signing below you agree to all covenants and provisions contained in this form, and state that all information is correct to the best of your knowledge. All information will be kept strictly confidential.

**STUDENT INFORMATION:**

1<sup>st</sup> Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F Current Age: \_\_\_\_\_

(Front desk will fill out) Class/es: \_\_\_\_\_ Days/s: \_\_\_\_\_ Time/s: \_\_\_\_\_

2<sup>nd</sup> Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F Current Age: \_\_\_\_\_

(Front desk will fill out) Class/es: \_\_\_\_\_ Days/s: \_\_\_\_\_ Time/s: \_\_\_\_\_

3<sup>rd</sup> Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F Current Age: \_\_\_\_\_

(Front desk will fill out) Class/es: \_\_\_\_\_ Days/s: \_\_\_\_\_ Time/s: \_\_\_\_\_

**GENERAL INFORMATION:**

**Parent(s) / Guardian(s)**

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

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

Primary # (Cell) \_\_\_\_\_ Secondary # (Circle - Home or Dad Cell) \_\_\_\_\_

Check box to opt in to receive mobile alerts from Clarksville Elite Gymnastics Center. By joining this subscription program, I authorize CEGC to send me future automated text messages about closings and important information at the primary number I have provided.

E-Mail (PLEASE PROVIDE): \_\_\_\_\_

Mom's Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Dad's Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION (OTHER THAN PARENT):**

Contact Person's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor / Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**How did you hear about Clarksville Elite/Ninja Zone?**

Referred by a friend: (Name) \_\_\_\_\_

Newspaper  Television  Exhibition/Clinic  Internet/FB/Instagram

Phone book  Flyer/Coupon  Signs  Driving By

## ACCEPTANCE OF RISK AGREEMENT AND PHOTO RELEASE

### **\*READ CAREFULLY BEFORE SIGNING\***

By the very nature of the activities, gymnastics/cheerleading/martial arts carry the risk of physical injury. No matter how careful the participant and coach are, no matter how many spotters are used, no matter the height of the skill or what landing surface exists, the risk of serious injury, paralysis and even death cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bumps, scrapes and bruises as well as more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes the possibility of catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, and head.

1. By signing this statement the participant and their parent(s) or legal guardian(s) agree and acknowledge (I) that the entire risk of personal injury is assumed by said participant. (ii) That any claims, demands, liabilities or causes of action whatsoever arising out of any such personal injury are waived by the participant and their parent(s) a/o legal guardian(s) and the undersigned release and hold harmless Clarksville Elite Gymnastics Center/Ninja Zone, its employees, agents, and all other persons expressly authorized by Clarksville Elite Gymnastics Center/Ninja Zone who engage and assist in the instruction of gymnastics/cheerleading/martial arts; (iii) that the undersigned participant and parent(s) or legal guardian(s) will indemnify and hold harmless Clarksville Elite Gymnastics Center/Ninja Zone, its employees, agents servants and all other persons, firms or corporations of and from any and every injury; (IV) that Clarksville Elite Gymnastics Center/Ninja Zone, its employees, and all other authorized Clarksville Elite Gymnastics Center/Ninja Zone personnel waive any claim they may have for personal injury which may be caused in whole or in part by the participant.
2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one or more time while the student is enrolled in Clarksville Elite Gymnastics Center/Ninja Zone including but not limited to the following: while traveling to and/or from, present at, participating in any and all instructional classes, practice sessions, exhibitions, clinics, competitions or events.
3. I hereby authorize Clarksville Elite Gymnastics Center/Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Clarksville Elite Gymnastics Center/Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Clarksville Elite Gymnastics Center/Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Clarksville Elite Gymnastics Center/Ninja Zone confers no rights of ownership whatsoever. I release Clarksville Elite Gymnastics Center/Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I have read and understand the risk explained above and accept said risk and terms with my signature. In the event that the participant is a minor, I hereby certify that I have witnessed and or participated in the explanation of the above mentioned risks to said minor in terms understandable to them and further agree that I am satisfied with said minors comprehension of said risk.

PARENT / GUARDIAN of CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

If ADULT PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PAYMENT POLICIES**

Please read and initial each section

Tuition for any calendar month is due on the first day of that particular month or the first class of the month if the 1<sup>st</sup> falls on a day the gym is closed for business. Payments will be considered late if not received by the 10<sup>th</sup> of each month and a \$15.00 late fee will apply. Months with 5 weeks will be used if necessary for other months when the gym is closed for business. You are allowed 1 makeup per month.

Account balances not paid by the 20<sup>th</sup> of each month will result in suspension of classes. Account balances not paid by the last day of each month will result in referral to a collection agency. Any collection/attorney fees and or court costs associated with collecting past due balances are the sole responsibility of the undersigned.

In the event that you wish to cancel your enrollment in our program, we require no less than 30 days written notice. NO EXCEPTIONS. See the front desk staff to drop class(es). We require this to assist us in planning and staffing our classes.

Tuition prices are subject to change with no less than 60 days notice.

### **AUTHORIZATION**

By signing below, I fully agree to and understand all terms and covenants contained above. (Signature by a responsible adult and payment of proper tuition / registration fees must be paid before your child can be enrolled in a class.)

Name: \_\_\_\_\_

Date: \_\_\_\_\_