

Summer Day Camp



Immunizations
GEM STATE GYMNASICS
 ACADEMY Since 1976

Mother/Guardian Name: _____ **Occupation:** _____

Social Security Number ____/____/____ email address: _____

hm.# _____ wk.# _____ cell # _____

Address: _____ City: _____ Zip: _____

Father/Guardian Name: _____ **Occupation:** _____

Social Security Number ____/____/____ email address: _____

hm.# _____ wk.# _____ cell # _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Male/Female Birthdate: ____/____/____

Allergies/Medical Problems _____ Medications: _____

Child's Name: _____ Male/Female Birthdate: ____/____/____

Allergies/Medical Problems _____ Medications: _____

Child's Name: _____ Male/Female Birthdate: ____/____/____

Allergies/Medical Problems _____ Medications: _____

Insurance Information:

Name of Policy Holder: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact (other than parent/guardian):

Name: _____ Relationship: _____ Phone: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILDREN FROM DAY CAMP:

1. _____ ph. # _____ 2. _____ ph. # _____

3. _____ ph. # _____ 4. _____ ph. # _____

If you are enrolling a new student, how did you hear about us?

Yellow Pages Friend Mailer Internet Magazine Other: _____

I have read the payment policy, parent pick up, release of liability, permission to treat, appearance agreement, and transportation release on the reverse side.

Parent or Legal Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY:

Group Determination

Bumblebee: 3-4 years old
Butterflies: 5-6 years old
Caterpillar: 7-8 years old
Dragonfly: 9 and older

Child's Name _____ Age _____ Group _____

Child's Name _____ Age _____ Group _____

Child's Name _____ Age _____ Group _____

OFFICE USE ONLY:

Deposits: _____

1st Payment: _____

Hat: _____

Reg. Fee _____

EFT _____

Monthly Payments: June: _____ July: _____ August: _____

PAYMENT POLICY:

- Tuition payment is for one (1) month. Payment is due by the 1st of the month. We do not pro-rate currently enrolled students. Have your monthly bill taken out of your account directly (EFT) and receive an EFT discount on your entire bill. EFT payments are taken out on the 27th of the previous month.
- A late fee of \$15.00 will be added to accounts not paid by the 5th of the month.
- A \$20.00 fee will be added to returned checks.
- We reserve the right to refuse service for unpaid accounts.
- You are enrolled from your starting date through the end of August. You are responsible to pay for all programs in which you have enrolled. Written notice must be given by the 20th of the previous month to make changes or withdraw from the program which you have enrolled.
- Once funds are put into the system, GSGA will credit 100% of any unused funds in any other program or the store for up to six (6) months. **No cash refunds** will be given.
- Registration and Deposit fees are non-refundable.
- Anyone on EFT must sign up for three (3) months before they can be removed from EFT. A \$10.00 cancellation fee will be charged for withdrawing from EFT early, plus all discounts are lost. Written notice must be received by the 20th of the month to cancel EFT. If the deadline is missed, no refunds will be given; however, we will credit your account to be used in any other program (including store).
- All discounts are lost when accounts go into past due status.

PARENT PICK UP: Those children remaining after 6:00 p.m. will be charged \$5.00 for every ten (10) minutes, until the child is picked up. Each child must be signed out by a responsible adult whose name appears on the registration form.

Release of Liability and Notification of Risk

As parent/guardian of the above student(s), I hereby represent that my child/ward is physically fit to undertake the gymnastics, dance, swimming, trampoline, daycamp or other activity at Gem State Gymnastics Academy, (herein after GSGA). I acknowledge the existence of certain risks of personal injury in participation in any of these activities. These activities like any other athletic activity involving motion and height, involves a risk of injury. Injuries can include broken bones, sprains, lacerations, internal injuries, paralysis, or even death. These are risks that anyone participating in these activities assumes. My child/ward is assuming these risks by participating in any of the above activities. To reduce these risks, participants must follow all GSGA rules and remain in excellent condition. I hereby agree that my child/ward will follow all GSGA rules and that I will instruct him/her to do so.

In consideration of the right of my child/ward to participate in GSGA activities I, as Parent/guardian, hereby agree that I waive and release all rights and claims for injury, damages and loss that I may have at any time against GSGA, its representatives, employees and agents, whether paid or volunteer, for any loss, injury or damages whatsoever, including, but not limited to, any claim I may have for loss of consortium, medical expenses, wage loss, or any other claim as a result of injuries my child/ward incurs in connection with my child/ward's participation in GSGA's activities. This release and the following agreement to indemnify shall include, but not be limited to, any claim arising from injuries my child/ward may incur as a result of the negligence of GSGA, its representatives, employees, and agents, whether paid or volunteer.

In addition to the foregoing, I hereby agree to defend, indemnify, and hold harmless GSGA, its representatives, agents, and employees, whether paid or volunteer, from and against any and all liability for any claims, demands, losses, damages, actions causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries or loss, to either person or property, which may result directly or indirectly from my child/ward's participation in activities at GSGA.

This release and agreement to indemnify is binding upon my heirs, legal representatives, agents, and assignees.

I understand that participation is entirely by my own choice. I hereby agree to individually provide for the possible future medical expenses incurred by my child/ward as a result of any injury sustained while participating in any of GSGA's programs. This acknowledgment of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Appearance Agreement

I understand that GSGA produces promotional material relating to it's programs. I understand that as a participant my child/ward or myself may be included in videotapes or photographs taken during participation. Therefore, without reservation or limitation, I, in my own behalf and on behalf of my child/ward, hereby assign, transfer and grant to GSGA, it successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape myself or my child/ward and to utilize such videotapes and photographs in advertising and promoting of programs.

Transportation Release

I hereby give my permission for G.S.G.A., its representatives, employees, and agents, whether paid or volunteer, to pick up and transport my child to G.S.G.A. from the elementary school listed above or for field trips.

Parent or Legal Guardian Signature: _____ Date: _____

Credit or Debit Card Charge Authorization Agreement

- All EFT clients need to fill out the following information as a backup form of payment for un-processed EFT transactions. If necessary, we will charge your card the monthly tuition at the regular rate, including any applicable fees.
- As an additional service, you may fill out the following information to have your credit or debit card charged for your monthly tuition at the regular rate. Your card will be charged on or before the 27th of the previous month for the current month's tuition.

I, _____, the holder of a (type of card) _____ credit or debit card, card number _____ with expiration date ____/____, CVV Code _____ hereby authorize GSGA to

charge my credit or debit card for the monthly tuition of my family's enrollment in classes and activities at GSGA. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly basis (on the 27th of the month or the last banking day prior to the 27th) unless I notify GSGA by the 20th of the month. I agree to notify GSGA immediately of any changes in the status of my credit or debit account including but not limited to card expiration, name change, limitation of use, loss or theft or the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late incurred. I also understand that all fees are non-refundable.

Signature: _____ Date: _____