



**REGISTRATION FORM  
2018 – 2019 TEAM**

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Mother's Cell Phone #: \_\_\_\_\_  
 Father's Cell Phone #: \_\_\_\_\_

**Student Information**

#1 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 #2 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 #3 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 #4 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

List any allergies or medical conditions:  
 \_\_\_\_\_

Email \_\_\_\_\_  
 (email address will be used for PGA only and will not be given out)

Office Use Only

Referred By: \_\_\_\_\_

Class: \_\_\_\_\_  
 Day(s): \_\_\_\_\_  
 Time(s): \_\_\_\_\_  
 Tuition Fee: \_\_\_\_\_

**Emergency Contact (OTHER THAN PARENT)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

As the parent or legal guardian of the listed student(s), I hereby consent to the named person(s) participating in the program offered by Palmetto Gymnastics Academy, LLC. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child(ren) participant(s). I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices including the tumble trak. I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to Palmetto Gymnastics Academy, LLC for allowing my child(ren) to use the facilities and equipment at Palmetto Gymnastics Academy, LLC, an additional and important part of the consideration due to Palmetto Gymnastics Academy, LLC is this signed release form. Therefore, in consideration for allowing my child(ren) to use the Palmetto Gymnastics Academy, LLC equipment and facilities, I hereby forever release Palmetto Gymnastics Academy, LLC, it's owners, employees, and coaches from all liability for any and all damages and injuries suffered by my child(ren) while under instruction, supervision or control of Palmetto Gymnastics Academy, LLC, it's owners. Officers, employees, teachers or coaches. As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Palmetto Gymnastics Academy, LLC. In addition, I confirm that my child(ren) have been examined by a physician who has cleared them for unrestricted participation in these activities. **This acknowledgement of risk of waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

EACH STUDENT MUST HAVE THEIR OWN INSURANCE IN EFFECT. It is the policy of Palmetto Gymnastics Academy, LLC not to refund tuition fees except in cases of relocation, class cancellation or injury/illness (with doctor's excuse). Do not bring or send personal items or jewelry to Palmetto Gymnastics Academy, LLC. We are not responsible for items lost or stolen. Students must, at all times, abide by the safety standards of Palmetto Gymnastics Academy, LLC. Any abridgement of these standards will be cause for dismissal. Parent or Guardian is responsible for student up to entrance into the activity area with the instructor and immediately upon release from the instructor and exit from the activity area. Registration fees are due upon registration and are good until next August. Registration fees are NON-REFUNDABLE. FEES MUST BE PAID IN ACCORDANCE WITH PRINTED FEE SCHEDULES. STUDENTS MAY NOT ATTEND CLASS UNLESS ALL FEES ARE CURRENT.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

PHOTOGRAPHY RELEASE – Palmetto Gymnastics Academy, LLC periodically takes photographs for advertising and promotion to use in print and electronic publications. By my signature below, permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for Palmetto Gymnastics Academy, LLC.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

Printed Name

## TEAM PAYMENT INFORMATION

### **OPTION #1: *Pay by check, credit/debit card, or cash***

Payments should be made by the 5<sup>th</sup> of the month. Late fee will be added on the 6<sup>th</sup> day of the month if the payment is not made on time.

#### ***Credit Card Back-Up***

I, \_\_\_\_\_, do hereby grant Palmetto Gymnastics Academy, LLC the right to charge my credit card the amount of my tuition if I have not paid for my monthly tuition by the 6<sup>th</sup> day of the month. I understand that if not paid that the tuition amount will be charged plus a \$25 late fee until such time as I notify Palmetto Gymnastics Academy, LLC **IN WRITING** that I will be discontinuing classes.

**Card Type:** \_\_\_\_\_ **Credit Card Number:** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_ **Signature X:** \_\_\_\_\_

### **OPTION #2: *Automatic Payments (RECEIVE \$5 DISCOUNT EVERY MONTH)***

I, \_\_\_\_\_, do hereby grant Palmetto Gymnastics Academy, LLC the right withdraw/charge from my checking account/credit card the amount shown as monthly tuition. I understand that this amount will be withdrawn on the 1<sup>st</sup> day of every month (or first business day thereafter) until such time as I notify Palmetto Gymnastics Academy, LLC **IN WRITING** of either a change or drop in class or practice times. At such time, Palmetto Gymnastics Academy will discontinue or alter, as needed, the withdrawal amount.

**Date:** \_\_\_\_\_ **Signature X:** \_\_\_\_\_  
**Card Type:** \_\_\_\_\_ **Credit Card Number:** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_ **Signature X:** \_\_\_\_\_

### **OPTION #3: *Paypal***

Go to the Palmetto Gymnastics Academy website at [www.palmettogym.com](http://www.palmettogym.com). From the main menu go to the classes tab and click the link for PayPal to make an online payment.

### **OPTION #4: *Pay by check, credit/debit card, or cash***

\_\_\_\_\_ **YEARLY** \_\_\_\_\_ **SEMI YEARLY** \_\_\_\_\_ **QUARTERLY**

***Team fee are not prorated. Please refer to Handbook on financial obligations to team.***