

REGISTRATION FORM

Please completely fill in both sides and be sure to notify us of any phone number or address changes.



Today's Date _____

STUDENT INFORMATION

First Name _____ Last Name _____ **M F**

Street Address _____

City, State, Zip _____

Home Phone _____ Age _____ Birthdate _____

Allergies & Medical Conditions _____

Legal/Custody Issues _____

Additional Info _____

BILLING INFORMATION

***AT LEAST ONE EMAIL ADDRESS IS REQUIRED**

Mr. Ms. M/M _____ Last Name _____

Street Address _____

City, State, Zip _____

MOM'S NAME _____ Home Phone _____

Occupation _____

Cell Phone _____ Work Phone _____ ***Email** _____

DAD'S NAME _____ Home Phone _____

Occupation _____

Cell Phone _____ Work Phone _____ ***Email** _____

Emergency Information (someone to contact if parents cannot be reached)

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Referral Source (circle)

Google Word of Mouth Yelp YellowPages.com Drive By School Flyer

Friend/Family (please name) _____ Other _____

OFFICE USE ONLY

Amount Due: \$ _____ EF

Free Trial Date _____

\$ _____ Current Month

Start or Restart Date _____

\$ _____ Other

Class _____

\$ _____ **TOTAL**

Staff Initials



Secondary Excess Coverage

SCATS group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parents' separate or employees' dependent group insurance. This secondary excess accident medical insurance coverage has a \$500 deductible which SCATS DOES NOT PAY in the event of an accident.

Permission Slip

I give permission for my child _____ to attend SCATS Gymnastics. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is give pursuant to the provisions of section 25.8 of the Civil Code of California.

Date

Signature of Parent, Legal Guardian or Adult Participant

Gym Policies (initial next to each):

_____ **Child Safety:** I understand that I am ultimately responsible for my child's behavior and safety while they are on the premises of SCATS Gymnastics, including parking lots, restrooms, waiting areas, etc.

_____ **Registration Fee:** I understand that there is an annual registration fee of \$40.00.

_____ **Tuition:** I understand that tuition is due on the 1st day of every month. If payment is received after the 15th of the month, a \$15.00 late is assessed. There is a \$25.00 charge for all checks returned by the bank. My child will not be allowed to take classes if our bill is more than 30 days past due. I understand that general program tuition is billed according to the number of weeks in that month, that payment is made manually, and that no credit card or checking info is stored for automated payment.

_____ **Missed Classes & Make-ups:** I have received a make-up card. I understand the policy as it has been explained. I understand there is no credit or refund given for missed classes or make-ups, and that make-ups must be taken during enrollment.

_____ **Cancellation of Classes:** I understand that a minimum *14 days advance notice* is required when discontinuing classes. *Cancellation is made via email to billing@scatsgymnastics.com or in person via a completed form only.*

_____ **Photos:** I understand that photos taken during class may be used (without full names) for marketing purposes.

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____

I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks , including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against SCATS Gymnastics, its owner, operators, coaches and other members, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of SCATS Gymnastics.

Date

Signature of Parent, Legal Guardian or Adult Participant