

# REGISTRATION FORM

Please completely fill in both sides and  
be sure to notify us of any contact info 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 \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**DAD'S NAME** \_\_\_\_\_ Home Phone \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Referral Source** (please mark all that apply): Google Search Drive-by SCATS Birthday

School Flyer Facebook Post Facebook Ad Instagram Post Instagram Ad Yelp Search

Friend/Family (please list if current student) \_\_\_\_\_ 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 given pursuant to the provisions of section 25.8 of the Civil Code of California.

\_\_\_\_\_

\_\_\_\_\_ **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(ren)'s behavior and safety while they are on the premises of SCATS Gymnastics, including all gym areas, parking lots, restrooms, waiting areas, etc.

\_\_\_\_\_ **Registration Fee:** I understand that there is an annual registration/insurance fee of \$40.00. There will be an additional \$25.00 annual fee included with registration for my *credit* card to be kept on file. *Debit* cards are kept on file at no additional charge.

\_\_\_\_\_ **Tuition:** I understand that tuition is due on or before the 1st of the month, for the forthcoming month. A \$15.00 late fee is assessed on payments received after the 5th of the month. There is a \$25.00 charge for all returned checks or chargebacks. Students may not participate if an account is past due. General program tuition is prorated according to the number of classes taking place in that month.

\_\_\_\_\_ **Payments:** I understand that a debit or credit card bearing a Visa or MasterCard logo (only) must be retained on file by SCATS Gymnastics for automated processing each month, in accordance with the terms of SCATS's Debit/Credit Authorization Form. Manual payment may only be made prior to the automated processing date (1st), in the form of cash, check, or credit card.

\_\_\_\_\_ **Missed Classes & Make-ups:** I understand there is no credit or refund given for missed classes or make-ups, and that make-up lessons up to the allotted number (4 per annual registration period) must be taken while enrolled in the program.

\_\_\_\_\_ **Cancellation of Classes:** I understand that a minimum *15 days advance notice* is required for cancelling classes. If I discontinue classes the same day as notice given, I will be charged for any classes falling in the 15 day period to follow, regardless of attendance. Cancellation notice is made via email to [billing@scatsgymnastics.com](mailto:billing@scatsgymnastics.com) only.

\_\_\_\_\_ **Photos and Videos:** I understand that photos and videos will be taken during class may be used (without full names) for promotional purposes, including but not limited to social media. Media will gladly be removed upon parent/guardian request, however due to the large number of students participating simultaneously, photos may not be opted out of in advance of publication.

### Waiver and Release of Liability

Print 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 of participation in gymnastics, tumbling, or any other SCATS program, including the risk of catastrophic injury or death, 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 owners, directors, 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.

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\_\_\_\_\_ **Signature of Parent, Legal Guardian or Adult Participant**