



Registration Form

Today's Date: _____

Student's Name: _____ Birthdate _____ Age _____ Sex _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ (C): _____

E-mail (required): _____

2nd Student in family: _____ Birthdate _____ Age _____ Sex _____

3rd Student in family: _____ Birthdate _____ Age _____ Sex _____

In case of an emergency the person other than the parents to be notified is:

Name/Relationship: _____ Emergency Phone: _____

CLASS INFORMATION

Class: _____

Day: _____

Time: _____

Payment Information: CREDIT CARD REQUIRED FOR REGISTRATION

Annual Registration Fee - \$120 per participant (or \$150 per family) due at time of registration.

IKG's tuition is payable monthly and is adjusted to reflect the number of actual classes held each month.

Please indicate below if you prefer to PAY with **cash** or **check** otherwise your credit card will be charged monthly.

By signing below you understand that your child is continuously enrolled in class and that if a "Drop Form" is not received by the **15th** of the month then tuition will be automatically charged to your credit card.

*** I understand that I must submit a Drop Form (available at front desk) or manage my account online through the parent portal at **www.ikgym.com** by the **15th** of the month if I decide to not continue classes, or decide to use another payment option. If I do not do this by the **15th**, I agree that I will be charged for that month. ***

Placement in a class is NOT guaranteed until we have received payment.

I prefer to PAY with **Cash** (place X here) _____ or **Check** # _____

Credit Card # _____ Exp. Date: _____ / _____

Cardholder's Name (print): _____

Signature: _____

If payment is not received by the 20th of the month, I will incur a **\$25 late fee** and my outstanding balance will be charged to the credit card on file. I understand that if my credit card is declined there will be a \$15 decline fee charged and a \$35 charge for any returned checks.

Referral to IK Gymnastics

Did someone refer you to our gym? He/she will receive \$10 towards future tuition! Please enter his/her name below so we can credit the right account. Encourage your friends to take lessons at IK Gymnastics and you too will receive \$10 off future tuition. Name of person who referred you: _____

Assumption of Risk – Release of Liability – Medical Authorization – Audio and Image Consent

Assumption of Risk

I fully understand that training and participation in the sport of gymnastics, tumbling, dance and related activities (collectively hereinafter referred to as "Gymnastics Activities") always involve serious risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs and that the mats, pits and other safety equipment, and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. I agree that my child is voluntarily participating in these activities and using IKG's facilities and equipment in this regard, and recognize that by allowing my child to participate in Gymnastics Activities, I am assuming on behalf of my child, the risk of such injuries. I further agree to assume the responsibility to advise my child of such risks, and to instruct my child to at all times follow the rules and regulations, and the instructions of the IKG staff.

I also understand that the training and participation in Gymnastics Activities is rigorous and accordingly agree not to allow my child to train or participate in any of the Gymnastics Activities if my child has any medical condition, including, without limitation, any disability, impairment or ailment which may jeopardize my child's health or safety by participating in Gymnastics Activities. It is my responsibility, on behalf of my child, to consult with our family physician to determine if any of these medical conditions exist and, if so, whether such condition poses a direct threat to my child's health or safety. I acknowledge that the IKG staff has no particular expertise in diagnosing, examining, or treating any such medical conditions.

Release of Liability

I agree that if I allow my child to participate in any Gymnastics Activities, I am doing so at my sole risk. This includes, without limitation, my child's use of any weights, machines, equipment or facilities, and my child's participation in any Gymnastics Activity. I understand that it is the express intent of IKG to provide for the safety and protection of my child and, in consideration for allowing my child to use IKG's facilities, I agree on behalf of myself, my child, and our respective representatives, heirs, executors, administrators, agents and assigns to release and discharge IKG, its owners, members, employees, agents, representatives, volunteers, successors and assigns from any and all claims or causes of action (known or unknown) arising out of participation in Gymnastics Activities, and whether such injuries result directly or indirectly from any negligence or alleged negligence on behalf of IKG. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of (a) my child's use of any IKG equipment or facilities which may malfunction or break, or may have design defects, or (b) improper setup or maintenance of any IKG exercise equipment or Facilities, (c) any negligent instruction or supervision by any IKG staff member, (d) my child's slipping or falling while in the IKG facility or on IKG's premises, or (e) my child's incurring any injury in any other manner as a result of participating in Gymnastics Activities. By signing this form I acknowledge that I have carefully read this Waiver and Release and fully understand that I am giving up legal rights and/or remedies that may otherwise be available to me.

Medical Authorization

I give permission for IKG staff to give my child basic first aid when necessary. In the event that a more serious accident occurs, if I cannot be immediately contacted at my emergency number, I authorize for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad personnel to administer treatment as is necessary. I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. I agree to hold IKG and its representatives harmless for any action or inaction related to such medical treatment. Additionally, I agree to pay all expenses incurred related to medical treatment and indemnify IKG from claims related to same.

Audio and Image Consent

I hereby give my permission for my child to be photographed, videotaped, and/or audio taped while at IKG. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of IKG and for publicity surrounding participation in IKG events.

I have read and understand the above and I voluntarily affix my name in agreement.

Parent/Legal Guardian Signature: _____ Date: _____