

DANIK Gymnastics Registration Form

Annual Registration fees: \$26.50 incl tax (All Classes) or \$37.10 (Teams Girls-Boys)

Student's First Name _____ Last Name _____

Event(s) that you want to participate in: Gymnastics _____ Tumbling _____ Cheerleading _____ Parkour _____

Birthday ____/____/____ Age ____ M ____ F ____ School _____ Grade _____

Father Name _____ Ocp. _____ Cell _____

Mother Name _____ Ocp. _____ Cell _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work _____ Emer. Phone _____ Name _____

E-mail: (We will send info about tuition remainders, camps/clinics, etc.) _____

Family Doctor _____ Phone: _____

Medical Insurance Co. _____ Policy # _____

Medical conditions, if any: _____

DANIK GYMNASTICS TERMS AND CONDITIONS

The undersigned, being the parent/legal guardian of the student enrolled with DANIK Gymnastics, INC does hereby agree to the following:

Billing and Payments: Tuition is paid monthly and due on the FIRST DAY OF EACH MONTH. All students will be charged a yearly non-refundable registration fee paid at the time of enrollment.

Terms: All tuition is due the first lesson of each months/session. You agree to pay all tuition covering classes for which your child is enrolled. No credit will be given for missed classes or nonattendance, except in cases of prolonged injury or illness. Make-up classes may be possible, but must be completed within 30 days and are subject to availability. Accounts not current by the 10th of month will be considered past due and will be assessed a late fee of \$15 for each over due payment. We accept cash, checks (made payable to DANIK , as well as MC, VISA. DANIK Gym also offers an automatic tuition payment plan.

Automatic payment enrolment form

| | | |
|--|-----------------------------------|-------------------------|
| Name on card _____ | Type of card <u>Visa MC</u> _____ | (credit or debit) |
| Card Number _____ | Exp. Date ____/____ | V-Code _____ (3 digits) |
| I understand that DANIK Gym will charge tuition to the above credit or debit card each month until I notify DANIK Gym. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment as well as any late charges incurred. | | |
| Signature _____ | Date _____ | |

A **\$20** charge will be assessed for any returned checks. Any accounts delinquent past 60 days will be subject to collection.

Cancellation: DANIK Gymnastics, INC must be notified if your child is not continuing enrollment in the subsequent month/session. If written notice is not received prior to the 1st of the month, you will continue to be billed for full tuition and be responsible to pay for that month tuition.

Refunds: No refund will be allowed on prepaid tuition, dues or fees.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.

Parent/Guardian Signature

_____/_____/_____
Date

Release of Liability Waiver

Name of participant: _____

I (we), despite all reasonable precautions implemented for safety, am(are) fully aware of and appreciate the risks including the risk of catastrophic injury, paralysis and even 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 administrators, do waive and release any and all rights and claims for damages against the owner, officers, coaches and other members and employees of DANIK Gymnastics, INC from personal injury or accident of any sort or nature suffered by me (as), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of DANIK Gymnastics, INC.

Marketing Release

I understand that my child's likeness may be used in DANIK Gym ads, promotional videos, website material, or various other marketing. These images will be used for DANIK Gym purposes only, and will not be sold or given to outside companies or individuals.

Minor Release

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the release's from all liability claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the release's or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Parent or Guardian Printed Name Signature Date / / _____

Participant signature (if over 18) Date / / _____

Office use only

Start Date: _____ **Session Cost:** _____

Class Name: _____ **Paid:** _____

Days: M _ T _ W _ TH _ F _ S _____ **Balance:** _____

Time: _____ **Receipt #** _____