

Student(s) Information

1st Student's Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
2nd Student's Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Address: _____ SCDL#: _____ DOB: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____
Mother's Name: _____ Cell Phone: _____ W Phone: _____
Father's Name: _____ Cell Phone: _____ W Phone: _____
Email address: _____ May we invoice you via email? Yes ___ No ___

CLASS INFORMATION:

1st Class: # _____ 1st Child: _____ Class Title: _____ Day: M T W T H F S Time _____
2nd Class: # _____ 1st Child: _____ Class Title: _____ Day: M T W T H F S Time _____
1st Class: # _____ 2nd Child: _____ Class Title: _____ Day: M T W T H F S Time _____
2nd Class: # _____ 2nd Child: _____ Class Title: _____ Day: M T W T H F S Time _____

PAYMENT INFORMATION:

* Auto Draft: Yes _____ No _____
Checking _____
Credit/Debit _____
* Auto Draft enrollment form must be attached if not already on file or information has changed.
The last month's tuition will be charged to your account if now information attached or on file.

Enrollment Fee _____
First Month's Tuition _____
Last Month's Tuition _____
Total Due _____
Payment Amount _____

Payment Date: _____ Payment Type: _____

Dual Release of Liability Waiver

Name of child participant (if under 18): _____

I, we, despite all reasonable **precautions, maintenance, training etc.** 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, operators, coaches and other members of Carolina Gymnastics Center (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Carolina Gymnastics Ctr.

Name of Parent/Guardian (Print) _____

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 releasee's from all liability claims, demands, losses, or damages on the minor's account, including unsuccessful or ill-fated 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 releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian

Date:

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed _____