

**FIRST CHILD**

Phone # \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Class Code \_\_\_\_\_ Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class Code: \_\_\_\_\_ Class Title \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**SECOND CHILD**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Class Code \_\_\_\_\_ Class Title \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Code: \_\_\_\_\_ Class Title \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**If any information on record needs to be updated, customer must fill out original enrollment form.**

PAYMENT INFORMATION:						Enrollment Fee	
Auto Draft:	Yes		No		Checking	First Month's Tuition	
					Credit/Debit		
On File?	Y	N	Continue Auto?	Y	N	Last Month's Tuition	
If there are changes in account information or currently not on file, A new auto-draft form must be completed. We require 30 days written notice to discontinue automatic drafting. Customer Initials _____						Total Due	
Payment Date:				Payment Type:		Payment Amount	
Balance Paid:				Payment Type:		Balance Owed	

**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. I also acknowledge that I must give 30 days notice in writing to withdraw my child from the program.

\_\_\_\_\_  
**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**  
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