

**Carolina Gymnastics
RE ENROLLMENT FORM**

Employee Initials _____

EMAIL ADDRESS:				PHONE #:	
First Child:		Age:	M	F	Birth date:
Class Code: _____	Class Title _____	Day: _____	Time: _____		
Class Code: _____	Class Title _____	Day: _____	Time: _____		
Class Code: _____	Class Title _____	Day: _____	Time: _____		

Second Child:		Age:	M	F	Birth date:
Class Code _____	Class Title _____	Day: _____	Time: _____		
Class Code: _____	Class Title _____	Day: _____	Time: _____		
Class Code: _____	Class Title _____	Day: _____	Time: _____		

PAYMENT INFORMATION:						Enrollment Fee	
Enrolling in Automatic Draft?	Yes		No		Checking	First Month's Tuition	
					Credit/Debit	Last Month's Tuition	
On File?	Y	N	Continue Auto?	Y	N	Subtotal	
All withdraws and changes must be given in writing. Unless a 30 day notice withdraw notice is given, you are responsible for all charges incurred. _____ initials						Discounts	
						Total Due	
Date Paid:		Payment Type:		Ref #:		Payment Amount	

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 a 30 day notice in writing to withdraw my child from the program, and I understand that I will be responsible for all charges incurred if a withdraw notice is not given.** **Customer Initials**

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
