

**Student(s) Information**

1<sup>st</sup> Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
2<sup>nd</sup> 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:**

1<sup>st</sup> Class: # \_\_\_\_\_ 1<sup>st</sup> Child: \_\_\_\_\_ Class Title: \_\_\_\_\_ Day: M T W T H F S Time \_\_\_\_\_  
2<sup>nd</sup> Class: # \_\_\_\_\_ 1<sup>st</sup> Child: \_\_\_\_\_ Class Title: \_\_\_\_\_ Day: M T W T H F S Time \_\_\_\_\_  
1<sup>st</sup> Class: # \_\_\_\_\_ 2<sup>nd</sup> Child: \_\_\_\_\_ Class Title: \_\_\_\_\_ Day: M T W T H F S Time \_\_\_\_\_  
2<sup>nd</sup> Class: # \_\_\_\_\_ 2<sup>nd</sup> 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.  
We require 30 days written notice to discontinue auto-draft. Customer Initial \_\_\_\_\_

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. I also acknowledge that I must give 30 days written notice 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 \_\_\_\_\_