

_____/_____/_____
Parent's printed name Cell Phone Home Phone

Address City Zip

_____/_____
Email Address How Did You Hear About Us?

_____/_____/_____/_____
First Child's Full Name Sex Age Date of Birth Grade

Gymnastics Level *New* *Returning*

Does This Child Have Any Special Needs?

_____/_____/_____/_____
Second Child's Full Name Sex Age Date of Birth Grade

Gymnastics Level *New* *Returning*

Does This Child Have Any Special Needs?

_____/_____/_____/_____
Third Child's Full Name Sex Age Date of Birth Grade

Gymnastics Level *New* *Returning*

_____/_____/_____/_____
Fourth Child's Full Name Sex Age Date of Birth Grade

Gymnastics Level *New* *Returning*

Does This Child Have Any Special Needs?

OFFICE USE ONLY: *Reg Fee* *Policies* *Billing Schedule* *Auto Y/N*

Dear Parents,

Please read this page carefully, initial each box, then sign and date the participation waiver at the bottom of the page.

- I understand that Diablo Gymnastics does not offer makeup classes for missed lessons.
- I understand that I will be billed on the 1st of each month for the following month's tuition and that tuition will be due by the 15th. Example: February's tuition will be billed on January 1st and due on January 15th. If tuition is not received by January 15th my child will be dropped from February's classes.
- I understand that if my tuition is not paid by the 15th of each month, my child will be dropped from his/her class.
- I understand that if I am enrolled in the automatic recurring payment plan my card will be charged between the 12th and the 15th of each month.
- I understand that I need to give the office 24 hours notice to drop my child from class if I wish to receive a refund and that there is a \$10 drop fee.
- I give permission to Diablo Gymnastics School, Inc. to use my child's image for purposes including, but not limited to, ads, promotions and website.
- I understand that I will be getting my bills and personal account information by email. I also understand that I must opt out (see front page) if I do not wish to receive Diablo's periodic newsletters.

MINOR CONSENT AND ASSUMPTION OF RISK FORM

In consideration of being allowed to participate in gymnastics and movement education lessons at Diablo Gymnastics School, the parent(s) and or legal guardian(s) of the minor participant named below agree that they fully understand and will instruct their minor participant that:

1. There are risks and dangers associated with participation in gymnastics activities including but not limited to those of bodily injury, partial or total disability, paralysis and death;
2. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe;
3. These risks and dangers may be caused by the negligence of the participant or the negligence of others;
4. There may be other risks not known to us that are not reasonably foreseeable at this time.

I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused. I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

Parent or Guardian (signature & relationship)

Printed Name

Date