



☆ Class Registration Form ☆



2011-2012

Please Print Clearly.

Student (#1) **LAST** Name _____ Student's **FIRST** Name _____

Date of Birth _____ Gender - Female /Male _____ School _____

Student (#2) **LAST** Name _____ Student's **FIRST** Name _____

Date of Birth _____ Gender - Female /Male _____ School _____

Home Phone _____

Street Address _____

City, State _____ Zip _____

Mother's Full Name _____ Work Phone _____

Mom's Cell Phone _____ Email _____

Father's Full Name _____ Work Phone _____

Father's Cell Phone _____ Email _____

Please check if you would like to receive emails regarding Gym Closings, Promotions, Reminders & Newsletters.

Emergency Contact Name/Relationship and Phone Number _____

Emergency Contact Phone Numbers _____

MEDICAL HISTORY/HEALTH INFORMATION

Please list any current health issues or allergies. _____

Is the student(s) currently on medication? YES _____ NO _____ IF Yes, type and purpose: _____

Name and Phone Number of Physician: _____ Date of last physical exam: _____

TRIAL INFO: Date: _____ Class _____ Day _____ Time _____ Payment Type _____
CLASS INFO:
Student 1. _____ Class _____ Day _____ Time _____ AM/PM
Student 2. _____ Class _____ Day _____ Time _____ AM/PM

Payment Information: <i>Office Use.</i>
Session: 1 2 3 4 Summer
Start Date: _____ Tuition: _____ Reg: _____ Total: _____
Discount? Reason: _____
Cash Receipt # _____ Credit Card Visa MC Discover Last 4# on card _____
Check# _____ Date Paid _____

This box for office use only:				TRIAL	
<input type="checkbox"/> Master Book	<input type="checkbox"/> Coach's File	<input type="checkbox"/> Computer	<input type="checkbox"/> MB	<input type="checkbox"/> CF	

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New and Current Policies at LGC 2011-2012

PLEASE INITIAL ALL

_____ **Class Fees: NEW!** I understand that each session is based on a 10 week schedule. There are 5 sessions per year, including summer. Payment is due three weeks before the end of the session for the upcoming session. If I pay after this date, I might lose my spot in the class.

_____ **Make-up Classes: NEW!** We offer 2 make-ups per session. Make-up classes need to be registered at the front desk ONE week before the make up class. No more than two (2) make-ups may be scheduled for the entire session. If I miss a make-up, I can not reschedule it. On the day of the make-up, please check in at the front desk to get the make-up form to give to your gymnast's coach. **No credits or refunds are given for missed classes.**

_____ **Gymnastics Classes:** As space permits, you may change your day and/or time or add classes. You may only change 2 times per session (unless the coach requests your child move up a level). If you change more than 2 times, there will be a \$10.00 charge. LGC reserves the right to make changes to the class schedule including but not limited to combining classes or moving your child to a class that is more suitable for his/her needs.

_____ **Weather Policy:** We do NOT follow the Loudoun County School System. In case of bad weather please check our website www.LoudounGymnastics.com, call **703-444-9298** for closing information.

_____ **Pick Up Policy:** A designated responsible adult must come in and pick up your child after class. Your child is NOT allowed to leave the gym without an adult. A five minute grace period will be given at pick up time, however, after five minutes there will be a charge of \$10.00 per 15 minute increments.

_____ **Attire:** For safety reasons, students should wear leotards or shorts and t-shirts. Sweat suits or warm-ups are permitted if the student is cold. No jeans, street clothes or jewelry please. Girls must have long hair tied back. Baggy clothes are dangerous and may not be worn.

_____ **Payments:** There are no refunds for class or registration fees. Exception - Doctor's recommendation with a letter from the doctor. There will be a \$25 processing charge deducted from all refunds. Return Check Fee is \$ 30.00.

LOUDOUN GYMNASTICS HEALTH, RISK and WAIVER OF LIABILITY ACKNOWLEDGEMENT

This acknowledgment of RISK AND WAIVER OF LIABILITY AND MEMBERSHIP AGREEMENT has been read and is signed voluntarily.

***As legal guardian of the names listed on this registration form,** I hereby consent to the aforementioned person(s) including the parents and legal guardians listed will be participating in Loudoun Gymnastics Center programs, including but not limited to dance, gymnastics and related activities including tumbling and trampoline. I recognize that potentially severe injuries and or death may occur in any activity involving height or motion. I understand that it is the expressed intent of Loudoun Gymnastics Center to provide for, with the best of their ability, the safety and protection of my child and in consideration, for allowing my child to use these facilities, I hereby forever release Loudoun Gymnastics Center, its officers, directors, employees, agents, teachers, and other staff persons from all liability for any and all damages and injuries, while under the instruction, supervision, or control of Loudoun Gymnastics Center, or its employees. As legal guardian of the aforementioned person(s), I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Loudoun Gymnastics Center.

I hereby grant the Loudoun Gymnastics Center permission to use my likeness in a photograph in any and all of it's publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Loudoun Gymnastics Center and will not be returned.

I hereby irrevocably authorize the Loudoun Gymnastics Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Loudoun Gymnastics Center's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein any likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

This acknowledgement membership agreement and of risk and waiver liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. **Please be aware that LGC has a No Refund Policy.** Rev. 08/08/11

X

Parent or Guardian's Signature

Date