

Planet Gymnastics Registration Form

Student's Name (1): _____ M/F Birthday ___/___/___ Age: _____
Student's Name (2): _____ M/F Birthday ___/___/___ Age: _____
Student's Name (3): _____ M/F Birthday ___/___/___ Age: _____
Parent(s) Name: _____ Home Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____ Phone Number: _____
Email: _____

Please list any medical conditions, allergies or individual needs we should be aware of: _____
Epi pen needed? _____
If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes (brochure, flyer, website, ect)? Yes _____ No _____
Student's medical information: Doctor: _____ Telephone: _____
Any physical limitations? _____

Class Information

First Choice: Class _____ Day _____ Time _____

Second Choice: Class _____ Day _____ Time _____

*You will be notified only if your first choice is not available

Make Up Classes

Make up classes are available to any student in the event they must miss their regular class. Make up classes are unlimited, but must be taken within the same session in which the class was missed. A child must be a currently enrolled student in order to do a make up class. Make up classes must be scheduled ahead of time to insure appropriate ratios and class quality.

Payment Information

A registration fee of \$25 is due at the time of registration for all classes except team. ***Tuition must be paid in full by the first class.*** Full payment when registering is recommended to allow for an easier transition on the first day of class. Checks should be made out to: Planet Gymnastics. You will receive a 20% off per child or per additional class.

Payment options : (circle one) On-line Visa/MC Discover Check # _____

Refunds are gladly given after the first class and before the second class in the event you are not completely satisfied.

Assumption of Risk, Waiver of Liability, Medical Authorization

Warning: By the very nature of the activity, gymnastics and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surfaces exist the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death.

I hereby agree to waive any claims or rights that you might otherwise have to sue us (Planet Gymnastics, Inc.), our employees, owners, or officers for injuries that may occur as a result of **any** activity conducted at Planet Gymnastics. I assume all liability and risk. If injury should occur to the above named while participating in any Planet Gymnastics activity, I hereby authorize Planet to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Name of child participant _____

Parent/Guardian Signature _____ Date _____

Name of Adult Participant _____