

# SUNRISE GYMNASTICS ACADEMY, INC.

## REGISTRATION FORM AND WAIVER

Student Name \_\_\_\_\_ Circle One M F Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Ph: \_\_\_\_\_ Name/Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Referred by: \_\_\_\_\_

REGISTRATION    OPEN GYM    PARTY    CAMP    TEAM    TRIAL \_\_\_\_\_  
Date of Trial

1st Preference \_\_\_\_\_ 2nd Preference \_\_\_\_\_  
Day   Time Day   Time

Please indicate any physical impairment or limitation below: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of above named child, I hereby consent to the above named person participating in the programs offered by Sunrise Gymnastics Academy, Inc. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death can occur in any activity including height or motion including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I also realize that my child will be performing and training on all gymnastics events plus various training devices including the trampoline. Additionally, Sunrise Gymnastics Academy, Inc. has my permission to render any necessary first aid treatment to my child while in attendance at Sunrise Gymnastics Academy, Inc.

In consideration for allowing my child to use Sunrise Gymnastics, Inc. equipment and facilities, I hereby forever release Sunrise Gymnastics, Inc., it's owners, officers, employees, teachers and coaches for all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sunrise Gymnastics, Inc., it's owners, officers, employees, teachers or coaches.

I understand that Sunrise Gymnastics, Inc. is no longer responsible for the safety of my child once my child has left the building and I understand that my child cannot leave the building until a responsible party arrives to pick him/her up.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at Sunrise Gymnastics Academy, Inc.

I will follow all rules and policies as set forth by Sunrise Gymnastics, Inc. Sunrise Gymnastics Academy, Inc. reserves the right to refuse re-enrollment to any member who does not follow all rules and policies as set forth and contained in the S.G.A. Booklet.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Please Print Name Date

# POLICIES

## **Registration:**

All students are required to fill out a registration/waiver form that must be signed by a parent or legal guardian. There is a Yearly Administrative fee that is paid each year when the student starts and then every 12 months thereafter.

## **Class Fees:**

- 1) Fees are based on a four week session, and the year is divided into twelve (12), four week sessions. Please consult the Sunrise Yearly Calendar for the session dates.
- 2) **Once your child has registered for a class, the space is reserved from session to session from September through June.** The July and August Sessions are considered summer schedule sessions and require a separate sign up. Once your child is registered for the July Session, the space is automatically held for the August Session.
- 3) **Payments are due on or before the first class of each session. A late fee will be added to all accounts with a remaining balance after the second week of each session.** As we prepare each class, we plan and provide for inclusion of your child, therefore, missed classes cannot be deducted from the tuition.
- 4) **Fees may be paid by cash or check, in person by dropping them into the fee box located in each office, by mail, or dropped in our locked drop box outside.** Checks made payable to "Sunrise Gymnastics Acaderry" with the child's name on the memo line are preferred. There is a service fee for each returned check.

## **Absence/Make-Up Policy:**

- 1) Make-up lessons are allowable in most Sunrise programs, however, only for serious illness or prolonged vacation.
- 2) Arrangements for make-ups must be made in advance by phone or in person.
- 3) A 24 hour cancellation notice for a scheduled make-up is required or you will forfeit your make-up.
- 4) Make-up classes are allowed while student is enrolled in classes. No make-ups will be allowed for a student who is not currently enrolled.
- 5) Member account must be currently paid up to date in order to schedule a make-up class.

## **Withdrawal notification:**

Form required is located below and must be signed before the first class of the next session. You will be charged up to the date our office receives your signed withdrawal notification.

## **WITHDRAWAL NOTIFICATION FORM**

*(Do not detach this from your registration/waiver form)*

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Parent Signature \_\_\_\_\_