



REGISTRATION FORM

2010

____ New Customer
 ____ Annual Registration

PLEASE PRINT CLEARLY

Date: _____

(1) Parent/Guardian Name: _____ Home #: _____ Cell #: _____

Occupation: _____ Employer: _____ Phone #: _____

Billing Address: _____ City: _____ Zip: _____

(2) Parent/Guardian Name: _____ Home #: _____ Cell #: _____

Occupation: _____ Employer: _____ Phone #: _____

Billing Address: _____ City: _____ Zip: _____

Email Address (REQUIRED FOR ONLINE ACCOUNT ACCESS): _____

In case of emergency contact (other than parent) Name: _____ Relation: _____ Phone: _____

1. Student's Name: _____ Birthday: ____/____/____ Age: _____ Gender: _____

2. Student's Name: _____ Birthday: ____/____/____ Age: _____ Gender: _____

Any health concerns/conditions our coaches/staff should be aware of? _____

How did you hear about us? (Check all that apply)	<input type="checkbox"/> Out & About	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Friend - Name: (Required for referral bonus)
	<input type="checkbox"/> Community Event _____	<input type="checkbox"/> Internet/Web	
	<input type="checkbox"/> Flyer/Mailer	<input type="checkbox"/> Street sign	

Please initial below to indicate your understanding and acceptance of the following policies:

____ **RISK FREE TRIAL EVALUATION:** Required for all new students to ensure your child is placed in the most appropriate class/level. A trial fee of \$20 (for up to 55 min class), \$25 (for up to 85 min class) is payable prior to your evaluation. Fees paid will be credited towards your total registration fees if you sign-up on the same day. Trial Evaluation also required for returning students after 3 or more months of absence.

____ **RULES & POLICIES:** I received a complete list of Rules and Policies and agree to abide by them at all times.

____ **TERMINATION NOTICE:** A 30-day written notice (e-mail preferred) is required for all students withdrawing from the program. NO EXCEPTIONS. Proof of notification is your responsibility. Verbal notice to coaches or office staff is not acceptable. A re-enrollment fee of \$40 will be charged upon return.

____ **REFUND POLICY:** There's no cash refund once you're registered. Account credit may be given, upon management approval, for cancellation two weeks before official first day of class. NO REFUND after the first day of class. Club membership is non-refundable, non-transferable.

PLEASE SIGN BACK PAGE TO COMPLETE REGISTRATION FORM

OFFICE USE ONLY

CLASS INFORMATION

STAFF: _____

TRIAL CLASS: Date of trial _____ Class _____ Day _____ Time _____ Evaluation fee: _____
(\$20 up to 55 min, \$25 up to 85 min)

ENROLLED: 1. Start Date _____ Class _____ Day _____ Time _____ Monthly Tuition: \$ _____

ENROLLED: 2. Start Date _____ Class _____ Day _____ Time _____ Monthly Tuition: \$ _____

BILLING INFORMATION

PAYMENT TYPE: Credit Card Cash Check# _____

AutoPay Start Date: _____ AutoPay End Date: _____

Monthly Tuition: \$ _____

Bi-Monthly Tuition: \$ _____

Club Membership: \$ _____

Discount/Trial Fee: \$ _____

Promotional code: _____

Total due: \$ _____

ENROLLMENT:

Member Non-Member Family

Attendance card Roll Book IClass

Referral bonus to: _____ Amount \$ _____

Date entered: _____ by: _____



RELEASE, AUTHORIZATION AND PARTICIPATION AGREEMENT THIS DOCUMENT IS A CONTRACT - PLEASE READ CAREFULLY

Child's Name _____ Parent's Name _____

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER – I understand gymnastics and other sports activities involve risk and possible injury, including but not limited to paralysis, death, emotional distress, or damage to myself, to property, or to third parties.

I understand that it is my responsibility as an adult participant or parent not to participate or allow participation if there are any physical, emotional, and behavioral or other problems that might compromise safe involvement. I understand that Champions Academy INC. does not carry medical insurance for participants and forever release the corporation, staff, owners, facility, and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at the related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Champions Academy INC. from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of Champions Academy INC. or their staff.

Should Champions Academy, or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Champions Academy for such fees and costs.

I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Champions Academy INC., including use of the complimentary services, or else I agree to indemnify and reimburse Champions Academy INC. for such fees and costs as incurred.

AUTHORIZATION OF MEDICAL CARE – In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

PARENT RESPONSIBILITY TO SUPERVISE – When I visit Champions Academy, or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constant supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS – I authorized use of my own and child's visual image and statements in newsletters, posters, and other advertising.

VALID DATES – These agreements, waivers, and authorizations will remain valid and enforce as long as and whenever my child, myself, or any family members participate in any activity at or with Champions Academy INC. A new Release, Authorization and Participation Agreement must be completed 1) upon new registration and/or re-enrollment, 2) each year at the time of membership renewal on the annual anniversary date during continuous enrollment.

FINANCIAL RESPONSIBILITY – I understand full payment is required prior to participation. I understand that I am obligated to pay full tuition once my child is registered and will continue to pay monthly or bi-monthly tuition until last day of class, which is at least thirty (30) days from the day of submitting written un-enrollment notice. I must provide a written notice thirty days prior to my intended last day. Failure to do so will result in tuition being charged until requirement is fulfilled. I understand there is no refund, credit, or guaranteed make-up for missed classes. I must advise in 24 hours in advance of my intended absence, as indicated in the front of the registration. I accept the responsibility of paying for any damage to facility and equipment caused by myself or a family member.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND, BY A COURT OF LAW, TO FOREVER WAIVE MY RIGHT TO MAINTAIN A LAWSUIT AGAINST CHAMPIONS ACADEMY ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ AND FULLY UNDERSTAND THIS ENTIRE DOCUMENT AND I AGREE TO BE LEGALLY BOUND BY ITS TERMS.

Parent signature _____ Date _____