



Registration Form

Student's Name: _____

DOB: _____ Age: _____

Student's Name: _____

DOB: _____ Age: _____

Mother's Name: _____

Father's Name: _____

Address: _____ City: _____

Zip: _____

Home Phone: _____ Cell #: _____

Email Address: _____

Emergency & Medical Information

Emergency Contact: _____

Phone #: _____

Are there any medical conditions that we should be aware of? _____

If yes, Please explain. _____

Has your child had a physical examination in the last 2 years? YES NO

I give All-American Gymnastics Academy my permission to transport my child:
(Name) _____ to (Hospital) _____ for emergency
medical or to (Dentist) _____ for emergency dental, or to the nearest
available source for assistance.

Parent's Signature: _____ Date: _____

(List any facts to which a physician should be alerted to): _____

Insurance Company: _____ Policy #: _____

**All-American Gymnastics
Liability Release Form**

In consideration of the agreement of All-American Gymnastics Academy (AAG) to accept my child(ren) as a participant in AAG Activities, which include and are not limited to preschool, recreational, and competitive gymnastics, cheer/tumbling, and sports and fitness exercises I the parent or legal guardian of said participant(s) hereby state(s) that they understand:

1. I understand the nature of the Activities that my child(ren) will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activities. I further represent and acknowledge that, should I ever have reason to believe that any of the above representations change, or if I should ever believe that the Activities are not safe or no longer safe for my child, then it will be my responsibility to immediately discontinue my child from participation in the Activities.
2. I understand that activity involving height, motion, and or rotation in a unique environment may cause the possibility of accidental injury and the risk of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child's actions or inactions, and those of others participating in the Activities. I understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I may incur as a result of my child's participation in the Activities. I have made All American Gymnastics Academy aware of any possible medical conditions of my child as indicated on the registration form.
3. I hereby give my approval of and consent to my child's participation in the Activities. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activities. I hereby release, acquit, covenant not to sue, and forever discharge and agree to indemnify and save harmless All-American Gymnastics Academy, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisor, and the owners or lessors of any facilities within which the Activities are conducted.
4. **I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.**

Date

Signature of Parent or Guardian

Acknowledgement of Rules and Policies

Please initial by each policy to verify that you have read and understand all policies and procedures:

_____ **Terms & Tuition:** All recreational programs run for 9-10 week terms. The tuition is divided into 5 terms per year. All team tuitions are paid on a monthly basis, and must have credit card on file with authorization to charge account.

_____ **Priority Registration:** You must pay tuition for the next term before the end of the Priority Registration Week (2 weeks before end of term). If full payment is not received by the end of Priority Registration Week, we will assume you are not returning and you will have forfeited your class spot.

_____ **Class Cancellation Policy:** We reserve the right to cancel any class that does meet a minimum number of students.

_____ **Refund Policy:** No refunds will be given after the first day of any Term.

_____ **Make-Up Procedure:** In the event your child cannot make their regularly scheduled class, 1 (one) make-up class will be allowed per term. It must be scheduled in advance.

_____ **Parent Viewing Area:** We provide a viewing area for parents and siblings, but we are not equipped to supervise your children, so please understand it is your responsibility to monitor your child(ren).

Child Photo Release

We will occasionally use photographs of the children on the All-American Gymnastics Academy web site, presentations, local advertising, and newspapers. The photos will consist of casual shots taken while the children are in the gym or at competition. Please sign below giving us permission or withholding permission for your child's photo to be used. NO personal information will be used.

_____ YES, I give my permission to All-American Gymnastics Academy to photograph my child and use the pictures on the web site and/or for special presentations, advertising, or newspapers.

_____NO! I do not give All-American Gymnastics Academy permission to photograph my child.

Please review complete list of policies on our website or ask for a copy at front desk.

www.aagsavannah.com

I, _____ have read and understand all rules and policies.

Parent Signature

Date

Authorization for Auto Pay

I, _____ give All-American Gymnastics Academy authorization to automatically charge my credit card for tuition and yearly registration payments.

Please initial each line to verify that you have read and understand policies

_____ The charge for recreational classes will occur on the Priority Registration Deadline Date for each term.

_____ Team tuition is billed monthly and will be charged the 1st day of the month.

_____ It is required that all team members have a credit card on file. If you would like to pay with a check or cash the payment must be received before the 1st of the month, or your card will be charged on the 1st.

_____ We require a written notice 1 (one) week before your payment is due if you do not plan on returning to our program, or no longer want to be charged with the Auto Pay system. Please note all team members must also give a written notice 1 (one) week before due date if your child will be leaving the program.

Credit card: VISA MASTERCARD

Credit Card #: _____

Expiration Date : _____

Signature: _____

Date: _____