



ANNUAL REGISTRATION FORM
OLYMPIA GYMNASTICS
539 "C" Sandy Lane Surfside Beach, SC 29575
(843) 238-0282

How did You Hear About Us? TV Internet Friend Radio
Phonebook Print ad Previous Customer Other

Child's Name _____ Age ____ DOB _____

Male/Female Grade ____ Previous Gymnastics experience Y/N
If yes, where? _____

Address _____ City _____

State ____ Zip Code _____ E-mail address _____

Day-time Phone _____ Evening _____

Cellular/Mobile _____

Mother _____ Occupation _____

Father _____ Occupation _____

Emergency contact name _____

Phone(____) _____ E-mail address _____

Initial
All lines

ENROLLMENT OBLIGATION: Parent/Guardian is responsible for making tuition payment on time and in full by each due date. If your payment is received late, a \$5.00 late fee will be charged to your account. If you need to drop your child from the program, we must receive, in writing a notice either dropped off at the front desk or mailed BEFORE the next session. If we do not receive notice, you will be billed for subsequent sessions until we receive a drop notice.

AGREEMENT TO PARTICIPATE: I understand that gymnastics like, any other situation involving height and movement, involves risk and the chance of serious injury. This participant has no problem that might compromise their safe involvement.

RELEASE: I understand that Olympia Gymnastics does not carry medical insurance for participants. I hereby consent to have my child/ward participate in programs offered by Olympia Gymnastics. Precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries. Parent or emergency contact will be notified if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against Olympia Gymnastics, Valentin Spirov, facilities and use or its representatives, whether paid or volunteer, for any accidents, injury, damage, or death that may occur in connection with the gymnastics program or activities related to Olympia Gymnastics. I fully understand the risks involved in respect to such programs, and all such documents will continue to be in effect during any further use of Olympia Gymnastics facilities or event participation.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above participant is in good health. I hereby authorize Olympia Gymnastics to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Allergies: _____

Past Injuries: _____

Physical Limitations:

Signature: _____ Date: _____
(Parent or Legal Guardian or Adult Participant)

PAYMENT: Payment is due one week *PRIOR* to the first lesson of the session. *If payment is late (unless you are registering) a \$5.00 late fee will be charged to your account.* If payment is not received by the first lesson, your child may be asked to sit out. When paying by check, please be sure to write your child's name in the memo area to assure payment is applied to the correct account. Any account that needs collection activity may be subject to additional fees. Refunds are only given for the next payment session. Once a session has started, no cash/check refunds will be given. If a two week notice is given, the account will be given the credit to use for future classes.

MAKE-UP LESSONS: If you or your child is unable to attend, we allow make-ups in other classes. *Make-ups are only valid for 30 days after the student has missed his/her scheduled classes.* We will not credit the missed classes to next session. Make-ups must be scheduled with the front office *PRIOR* to the class the student will be making up. When scheduling make-ups, you must indicate the day the student missed. If you are mistaken your account will be subsequently charged. There will be no make-ups for competitive teams. You must be a current member to do make-ups. Make-ups can also be used for THURSDAY, FRIDAY, and SATURDAY -OPEN GYM.

DROP POLICY: A written notice is required before the start of the next session your student will miss. If you do not provide a note, you will receive a bill for subsequent sessions until we receive a written notice. Our drop forms are located near the office.

CREDITS/REFUNDS: Credits and refunds will be issued to parents/guardians only in the case of prolonged illness or serious injury. A written doctor's confirmation must accompany all requests.

SAFETY: No parents are allowed in the gym area, unless authorized by the office. Absolutely no students are allowed in the gym until their class starts. If your child is caught playing on the equipment or is in the gym area without the supervision of an Olympia Gymnastics employee, your child will be asked to leave the gym. I, as a parent or guardian, understand that any injuries due to my negligence are my responsibility and Olympia Gymnastics cannot be held accountable.

VOLUNTARY CONSENT PHOTO RELEASE: I understand that Olympia Gymnastics (OG) from time to time produces promotional materials aboutt its gymnastics and other facilities, programs and competitions where OG is

represented. I, on my own and my Child/Athlete's behalf, hereby give permission to my Child/Athlete to be photographed, videotaped and or audiotapes for use in print or broadcast media, including brochures, websites, and/or otherwise as deemed appropriate for promotional and informational purposes, and authorize OG and/or its agents, successors, licensees and assigns, the right to photograph and/or videotape my Child/Athlete's face, likeness, voice and appearance, without limitation or reservation, or for any form of compensation. OG and its agents will not sell its photos for any purpose. I further understand that OG is under no obligation to exercise any of such rights, licenses or privileges. OG is not responsible for the actions of others.

I have read, initialed, and understand all the above policies.

SIGNATURE: _____

DATE: _____