



Registration Form

Date: _____

1st Student's Name: Last: _____ First: _____ Birth Date: ____ Sex: ____ Allergies/Medical Conditions _____

2nd Student's Name: Last: _____ First: _____ Birth Date: ____ Sex: ____ Allergies/Medical Conditions _____

3rd Student's Name: Last: _____ First: _____ Birth Date: ____ Sex: ____ Allergies/Medical Conditions _____

Parent/Guardian Name: Last: _____ First: _____

Home Phone: _____ Cell Phone : _____ Work Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Emergency Contact: Name/Relationship _____ Emergency Phone _____

**E-mail Address: _____ How did you hear about us? _____

(Email is used for gym closings and special event notifications.)

Recommendation

It is recommended that every participant at Infinity have a physical exam prior to enrolling in any of our programs. It is the responsibility of the parent or guardian to bring forth all physical and/or mental conditions or any changes that may inhibit the participants' performance throughout the year. The parent or guardian should recognize that there are definite risks of injury when participating in any sports related activity (gymnastics). In order to minimize these risks, it is essential that the participant and parent or guardian know of and follow all written and posted safety rules. We reserve the right to refuse any participant who does not follow these rules.

Release and Hold Harmless Agreement

I fully understand that Infinity Gymnastics Academy (Infinity) staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Infinity staff to render temporary aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the Infinity staff, to call a doctor and to seek medical help, or to call an ambulance at my expense for named persons and/or participants should Infinity staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Infinity.

As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving gymnastics, including but not limited to gymnastics related activities, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, bring a friend events, field trips, competitions, trampoline, running, conditioning, personal training, and preschool activities. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Infinity and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby CONVENIENT NOT TO SUE and FOREVER RELEASE Infinity, its owners, officers, directors, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Infinity. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. Infinity Gymnastics Academy will only warn the participant thru safety messages and our teaching style and progressions.

I further agree that Infinity, and the sponsor of any Infinity event, along with the owners, officers, directors, employees and other representatives shall not be liable for any losses or damages occurring as a result of me or my child participating in an Infinity event or traveling to or from the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals listed above.

I also give Infinity my permission to photograph and/or video and use any such photographs and/or videos of my child or myself whether in the gym or outside of the gym during any or all activities relating to Infinity to be used in print or broadcast media as deemed appropriate for the promotion of Infinity Gymnastics Academy.

By registering my child, children or myself, at Infinity Gymnastics Academy I agree to abide by all of the rules and policies set forth in the Welcome Letter, which I have been given and read thoroughly, including the policy regarding registration fees. The annual registration fees are non-refundable, no exceptions.

Adults: Adults should NOT use the beams, bars and vaults. I understand that if I decide to use this equipment I do so at my own risk! _____ Please Initial if applicable.

Payment and Installment Billing Information (This is a binding agreement. Please make your selection below.)

_____ I am on AUTOMATIC monthly billing. Please charge my credit/debit card the 1st of each month for my balance due and e-mail me my receipt. I may pay my account balance by check or cash, but I understand that if payment is not received before the 1st of each month, Infinity will initiate AUTOMATIC electronic INSTALLMENT payments for any balance due on my account. If, for any reason, Infinity has not received payment or is unable to process payment by the due date, an administrative late fee of \$10 will be added to your account. Auto billing only applies to programs that have monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit an Infinity drop request form.

_____ I am registering for a program that DOES NOT have installment monthly tuition at this time. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. **I understand if I do enroll in a program that does have installment tuition I agree to the tuition payment, enrollment and installment billing terms contained in this registration form and I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit an Infinity drop request form.**

SIGNATURE: X _____ **Date** _____

Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition



Credit Card Number _____ Expires _____ / _____

(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)