

Dream Gymnastics 2022-2023

82 Dance Art Drive

Garner, NC 27529

(919)422-4015

dreamgymnasticsnc@hotmail.com

Student Information:

Last Name: _____

First Name: _____

Date of Birth: _____

Age: _____ Male / Female

Parent Information:

Name: _____

Phone: _____

Address: _____

City: _____ Zip _____

Phone # to receive text message reminders: _____

*Email: 1) _____

(Dream utilizes email as a primary source of communication of closings, special announcements and account management.)

Class Day and Time

Medical Information and Emergency Contact:

Allergies/Medical Conditions: _____

Disabilities/Special Needs: _____

Past Injuries: _____

Physican: _____

Physican Phone #: _____

Health Insurance: _____

Policy Number: _____

Emergency Contact: _____

Relationship to child: _____

Phone #: _____

Waiver and Release of Liability: (Sign & Date)

In consideration of participating in any activities held by Dream Gymnastics (this activity and any other activity or class I participate in) I represent that I understand the nature of these Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activities. I fully understand that these Activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by own actions, or in actions, those of others participating in the events, the conditions in which the events take place, or the negligence of the "releasees" named above; and 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 I incur as a result of my participation in the Activities. I hereby release, discharge, and covenant not to sue Dream Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which any of the Dream Gymnastics activities take place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and any activity held at Dream Gymnastics and the Minor's experience and capabilities and believe the minor to be qualified to participate in these activities. I hereby Release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Release from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I authorize Dream Gymnastics to utilize videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for Dream Gymnastics programs and services. This includes printed advertising material which may be posted on the Dream Gymnastics website.

Signature of Parent _____ Date _____

Printed name of Parent _____

(other side)

Dream Gymnastics Membership Agreement Policies

Please initial that you have read and understand the following:

_____ **Annual Registration:** Dream Gymnastics begins each year in September and continues through May. Summer programs begin June through August. There is a \$35 non-refundable registration fee due per child upon enrolling (\$5 off per sibling). This fee is prorated January through August. (January-March \$25; April-May \$20).

_____ **Tuition Payment Policy:** Tuition is based on a monthly payment schedule for the year and is due by the 5th of each month. You may pay your tuition by cash, check or credit/debit card. Monthly Tuition is \$60(\$114 for 2 children). Dream Gymnastics asks each family to keep a credit/debit card on file with our office. If payment is not received by the 5th of the month, your card will be charged on the 6th of the month.

**Monthly tuition is based on a 4 week month. Some months that have five classes, will carry into the next month to even out each month. December and May are the only exceptions, as December will only be charged as 3 weeks and January will be charged as 3 weeks! In the event of gym closings, inclement weather or holidays, etc. tuition is not reduced and make up classes will be scheduled. Scheduled gym closings are: November 21-26, 2022; December 22-January 8, 2023; April 3-8, 2023

_____ **Make-ups:** Tuition is not prorated for absences. We understand that unexpected occurrence arise and we offer make-ups as a courtesy to you. Students are eligible to make-up 1 class per month as long as tuition is current. Make up days may not be "saved up" and taken as a free class later. All make-up classes must be scheduled with our office.

_____ **Student Withdrawal:** If you decide to withdraw your student from class, please provide a 30 day written notice via email or drop off at our office. This notice will notify us to stop processing your card on file and also allow new students to join a class.

_____ **Parental Observation:** Parents may observe gymnasts during class from our parent section or from outside (via the windows). Parents are NOT allowed to instruct their child during class. Parents are not required to stay at the facility but agree and acknowledge to pick-up their child ON TIME. Students are NOT allowed to leave the building without a parent or guardian.

Payment Options:

_____ I choose to use the AUTO DRAFT payment plan, and understand that Dream Gymnastics will automatically charge my monthly tuition by the 5th of each and every tuition month until (1) the conclusion of the class year, or (2) the 30 day written withdrawal notice has been received.

_____ I choose to pay for the Fall Session in Full (Sept-Dec \$214) _____ I choose to pay for the Spring Session in Full (Jan-May \$271)

_____ I choose to pay for the Entire Year in Full (Sept-May \$472)

_____ I do not wish to participate in the AUTO DRAFT nor pay for the entire session/year but agree to pay monthly by the 5th of each month.

Credit Card Authorization

I, _____, authorize Dream Gymnastics to charge my credit card as indicated below. Furthermore, I agree to pay for accrued monthly fees and hold Dream Gymnastics harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on this credit card. This authorization is valid for the duration of my membership at Dream Gymnastics. I further understand there is no refund policy.

_____ Cardholders Name (as it appears on the credit card) Signature

_____ Date

Visa/Mastercard

Credit Card #: _____/_____/_____/_____ Exp date: ____/____

Credit Card Billing Address: _____

Office Use Only:

Reg. Fee _____ Tuition _____ Total Amount Paid _____ Form of Payment _____ Date _____