

Student Information:

First Name: _____

Last 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 [Type text] _____

(other side)

Dream Gymnastics Membership Agreement Policies Please initial that you have read and understand the following:

_____ **Summer Session is 7 weeks: June 10th-July 24th.**

_____ **Make-ups:** Tuition is not prorated for absences. We understand that unexpected occurrences 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.

Payment Options: Since the summer session is only 7 weeks, the summer tuition is paid in full. Payment is due upon registering!

_____ 7 week summer session (\$150) Register before April 15th and receive 15 off.

_____ **I choose to use the AUTO DRAFT payment plan and understand that Dream Gymnastics will automatically charge my tuition at time of registration. Please fill out Credit Card Authorization below:**

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.

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

Visa/Mastercard

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

Credit Card Billing Address: _____

_____ **I choose to pay in full for the summer session with a check or cash.**

Office Use Only:		
Amount Due _____	Form of Payment _____	Date _____

[Type text]

(other side)