

# Tatiana Gutsu Gymnastics Academy Registration Form



## Terms and Conditions:

- ◆ Monthly tuition will be charged on the 1st of the month via automatic payments
- ◆ Program fees are final and nonrefundable
- ◆ Cancellation notices must be written with a 7-day notice
- ◆ There is a \$35/student or \$55/family annual membership fee that will be charged with your first full monthly tuition and charged annually on the same date
- ◆ Class transfers are permitted if there is availability in desired classes
- ◆ Class schedules are subject to change, depending upon enrollment
- ◆ We reserve the right to cancel a class due to bad weather if necessary
- ◆ Late payments will be charged a late fee of \$50

## Holiday Observations and Closings

- ◆ Holidays, closing & Cancellations do NOT constitute a make-up class
- ◆ Thanksgiving
- ◆ Christmas
- ◆ New Year's Day, Memorial Day, Labor Day
- ◆ July 4th

## Make-Up Classes

- ◆ Credits or refunds will not be issued for missed classes
- ◆ We offer one make-up class per month.
- ◆ Make-up classes must be taken in the same month of the missed class and must be scheduled before the student's last class.

Class \_\_\_\_\_ Session \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent 1: \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2: \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_

Any specific medical knowledge that Tatiana Gutsu Gymnastics Academy should be aware of?

How did you hear about us? FRIEND EMAIL U.S MAIL YELLOW PAGES WEB EMAIL OTHER \_\_\_\_\_

**Waiver and Release**

In consideration of being participate in this class, I hereby RELEASE, WAIVE, DISCHARGE AND CONSENT NOT TO SUE Tatiana Gutsu LLC , or officers, servants, agents, or employees (hereinafter referred to as RELEASE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, what may be sustained by me/ my child, or to any property belonging to me /my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASE, or otherwise while participating in this class, or while in, on or upon the premises where the class in being conducted.

To the best of my knowledge, I/my child is in a good physical condition and I am not aware of any physical infirmity, which would place me/my child at risk to participate in any way with the class activities, I am fully aware of risks and hazards connected with this class. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME/MY CHILD, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME/MY CHILD, as a result of being engaged in the class's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASE, or otherwise, I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASE from ANY LOSS, LIABILITY, DAMAHE, OR COST, INCLUDING COURT COSTS AND ATTORNEY FEES, THAT MAY ACCRUE RELATED TO MY/MY Child's participation In the class WHERE CAUSED BY NEGLIGENCE OF RELEASE or otherwise.

During the period of the class, I hereby give permission for the staff of Tatiana Gutsu, LLC to administer appropriate medical attention to me/my child in the event of an accident, illness, or Injury, I will be responsible for any and all costs of medical coverage and treatment provided not covered by Insurance, It is my express intent that this Waiver of Liability and Hold Harmless Agreement/ Consent To Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed ass a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above maned RELEASEE. I hereby further agree that the Waiver of Liability and Hold Harmless Agreement/Consent To Medical Treatment shall be construed en accordance with the laws of the State of Michigan, In Signing the release, I acknowledge and represent that I have read and understand It and sign IT voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully Intending to be bound the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDOCUMENT.

PARENT/GARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARTICIPANT IF OVER 18 \_\_\_\_\_ WITNESS \_\_\_\_\_

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
Email: _____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date