

**Tatiana Gutsu Gymnastics Academy
Registration Form**



Terms and Conditions:	Groupon #
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PLEASE INITIAL EACH LINE BELOW

- _____ Monthly tuition will be charged on the 1st of the month via automatic payments
- _____ Late payments will be charged a late fee of \$50
- _____ You **MUST** have a card on file, if you prefer to use another form of payment, payment must be made **BEFORE** the first of the month to avoid card charges
- _____ Program fees are final and nonrefundable
- _____ **CANCELLATIONS MUST BE WRITTEN WITH IN 30 DAYS**, otherwise, we will continue to charge regardless of attendance.
- _____ There is a \$75 annual **AUGUST-JUNE** 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
- _____ There is a \$50 fee incurred on all bounced checks and declined cards
- _____ Summer and Christmas recital

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

Missed Classes

- ◆ Credits or refunds will not be issued for missed classes.
- ◆ **THERE ARE NO MAKE-UP CLASSES.**

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 IN DOCUMENT.

PARENT/GARDIAN SIGNATURE _____ DATE ____ / ____ / ____

PARTICIPANT IF OVER 18 _____ WITNESS _____