



# Student Enrollment Form

## Student Information

Student's Name:		Sex:	Age:	DOB: ____/____/____	
Parent/Gaurdian Name:		Relationship to Student:			
Address:		City:		ST:	Zip:
Home Ph:		Work Ph:		Cell Ph:	
Email:		Alternative Contact:		Emergency Ph:	
Are there any medical condition/allergies to which we should be alerted?    ___Yes (Please Specify Below)    ___No					
I understand that it is the intent of Gym Adventure Inc. AKA MGA to provide for the safety and protection of my child therefore, if I am not available, I authorize MGA and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required. Name of Medical Insurance Carrier: _____					
How did you hear about us? ___Friend ___Ad/Publication ___Birthday Party ___Internet/Website ___Other _____					

## Selected Classes

Class #1 Program:	Day:	Time:
Class #2 Program:	Day:	Time:
Class #3 Program:	Day:	Time:

## Payment Information

Annual Enrollment Fee: \$25		\$
Monthly (recurring) \$ _____	3 Month (recurring) \$ _____	\$
6 Month (recurring) \$ _____	Special \$ _____	\$
Notes:	____ Days/wk for _____ Mo.	\$ <b>Total</b>

## CREDIT CARD ON FILE (REQUIRED)

Card Holder Name:	Billing Zip:
Credit Card #:	Exp:      CVV#:

**WAIVER:** I recognize that gymnastics and all other activities at Gym Adventure, Inc. AKA MGA involve height and rotation of the body, therefore there are inherent risks involved. I understand that reasonable precautions will be implemented for safety, and am fully aware of and appreciate the risks including the risk of catastrophic injury, permanent disability, paralysis and even death. I knowingly and willingly assume all risks. I do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of MGA. I also testify that the child listed above is qualified and in good heath, and in proper physical condition to participate. I also authorize the use of my child's/or my own visual images in photos and videos used for newsletters posters and advertising etc. By signing below, I express that I have read, understood and agreed to all of the above.

**BILLING:** Your Credit Card will be charged on the 14th or the last day of each month or every 3 or 6 months depending on plan. A receipt will be sent to your email account. Please be aware that accounts that go 5 (five) or more days past due will be automatically charged a \$15 late fee. If you need to cancel your electronic payments please email [MGA.gymadventure@gmail.com](mailto:MGA.gymadventure@gmail.com)) 10 days prior to your membership renewal date. We apologize in advance but there are NO REFUNDS of processed payments after your due date, with the exception of special circumstances of family emergencies or injuries (documentation required). We offer one complimentary make up class per month, and all gym closings. Any additional make-ups can be scheduled for \$5.00 per make-up class. Your account will be charged an annual anniversary fee of \$30 on August 31, at which time we will contact you to update all of your information on file.

**PIC/VID PERMISSION:** During classes. MGA staff may take photos or videos of children accomplishing new skills, making progress in class, or just having fun. We also use photos and videos to help children make corrections on the skills that they are working on. Sometimes an especially great picture or video may be used for promotions on our websites, emails, or social media.

_____ Signature of Parent/Guardian	_____ Printed Name of Parent/Guardian	_____ Date
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