



Family Registration

(630) 325-3333
www.igigymnastics.com

Student Information

Home Ph.: _____ - _____ - _____

Student's Name (please print all information) _____

Sex _____ Age _____ D.O.B. _____

E-mail: _____

Student's Name (please print all information) _____

Sex _____ Age _____ D.O.B. _____

Street Address _____

City _____

State _____

Zip _____

Is the billing address the same? Yes No If not, please list: _____

Are there any medical conditions to which we should be alerted? _____

Mom's Name: _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Dad's Name: _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Emergency Contact: _____ Home _____ - _____ - _____ Cell _____ - _____ - _____

How did you hear about IGI Gymnastics & Sports Core? Internet ___ Friend ___ Mailer ___ Paper/Publication ___ Drive by ___ Party ___

Class Information

Student _____ Class Code: _____ Day: _____ Time: _____ Class: _____

Student _____ Class Code: _____ Day: _____ Time: _____ Class: _____

Payment Information

	Tuition	Pro-rated Amount
Tuition (Full payment required)	\$ _____	\$ _____
Additional Class/Family Member less 20% discount	\$ _____	\$ _____
Additional Class/Family Member less 20% discount	\$ _____	\$ _____
Additional Class/Family Member less 20% discount	\$ _____	\$ _____
Annual Administrative Fee		\$ <u>35.00</u>
Additional Family Member..... # of children _____ x \$10.00		\$ _____

TOTAL ENCLOSED \$ _____

- MasterCard
- Visa
- Discover
- Amex

Card Number: _____

Cardholder: _____ Exp. Date: _____

Signature: _____

(Chk # _____)

* Please refer to the "The Core..." for more payment information. Can be downloaded online.

ASSUMPTION OF RISK, WAIVER OR LIABILITY, MEDICAL AUTHORIZATION

Please read and initial the following paragraphs that cover our assumption of risk, waiver of liability and medical authorization.

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, rock climbing and ball sports. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Illinois Gymnastics Institute, dba, "IGI Gymnastics & Sports Core" programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. _____ Initials

In consideration for allowing my child to use these facilities, I, on my own behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE IGI Gymnastics & Sports Core, it's officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of IGI Gymnastics & Sports Core including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. _____ Initials

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold IGI Gymnastics & Sports Core, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating at or for IGI Gymnastics & Sports Core. _____ Initials

I also consent to the use, by IGI Gymnastics & Sports Core, or anyone it authorizes, of any and all photographs, tapes or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display and exhibition) without compensation. The member further consents to the use of member's name in connection with such materials, and agrees that such materials and negatives shall constitute property, with full right of distribution. _____ Initials

I have read a copy of the "Core" and am responsible for rules/policies as outlined. This can be downloaded from the internet @ www.igigymnastics.com/about.

I acknowledge and affirm that I have discussed this with my spouse, ex-spouse etc. and by affixing my signature/initials thereto affirms and attests to the aforementioned (that all parties of authority/responsibility etc. are in accord with and agree to the waiver/release/hold-harmless form). _____ Initials

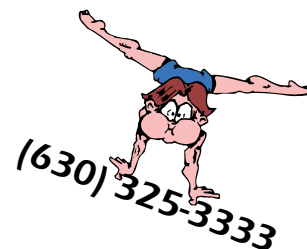
I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian's Signature _____

Date _____

Registration Agreement & Understanding

(KEEP THIS INFORMATION FOR YOUR RECORDS)



Priority Due Date

PRIORITY DUE DATE

Priority Due Date (PDD) is the date by which Current Students must pay tuition in order to maintain 'priority' and guarantee their class spot. After the PDD, UNPAID STUDENTS ARE REMOVED FROM THE ROSTER for the subsequent term to allow New Students to be placed in the vacancies. The PDD occurs on Saturday, two weeks in advance of each upcoming term except Term I, when the PDD is the last day of Term VI (summer). Invoices are mailed out to all current families for tuition due in the upcoming term.

Student Status

NEW STUDENTS

FULL PAYMENT IS REQUIRED WITH REGISTRATION. Please KEEP YOUR YELLOW COPY of the registration, as we DO NOT SEND CONFIRMATIONS. In other words, no news is good news. If you desire to be added to a class midway through a term, one of our office staff members will be able to assist you.

CURRENT STUDENTS: to keep your class spot.....

You must PAY TUITION BEFORE THE PRIORITY DUE DATE (PDD) to guarantee your class spot. Also, CLASS CHANGE REQUESTS should be made BEFORE THE PDD to maintain priority over New Students.

Normally we will invoice for your convenience as a reminder. However, it remains YOUR RESPONSIBILITY to know and honor the PDDs throughout the year. We are aware that rigid deadlines may seem harsh: however, the alternative to rigid deadlines is overbooked classes, not an acceptable alternative. *If you are concerned about forgetting the PDD please ask our front office about our Multiple-Term Payment Option.*

PREVIOUS STUDENTS

Previous students are given registration priority over New Students ASSUMING TUITION IS RECEIVED BEFORE THE PDD. Previous Student status is for *any member* of a family who has paid the Annual Family Administrative Fee within the last 12 months.

Joining, Dropping & Changing Classes Mid-term

JOINING a class after the term commences or changing classes mid-term.....

No problem, as long as there is a vacancy (some programs may have certain late-start restrictions). Tuition will be prorated relative to your start date.

DROPPING a class; missing classes; changing program to program.....

There are no refunds or credits for dropping a class or for changing from one IGI program to another, mid-term. ONCE A TERM HAS COMMENCED YOU ARE IN CLASS FOR THE ENTIRE TERM, regardless of attendance, except for 'MEDICAL REASONS for dropping a class' (see below).

MEDICAL REASONS for dropping a class.....

For medical situations validated by a *written acknowledgement* from a licensed medical practitioner you will be granted a credit prorated from THE DATE WE RECEIVE the *written acknowledgement*. (A retroactive request for medical credit cannot be granted, as it eliminates our opportunity to fill the vacated class spot).

DISCLAIMER: IGI Gymnastics & Sports Core is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, participating in Open Gym, Birthday Parties, Special Events, Demonstrations or shows, or in any other way involved in gymnastics, cheerleading or tumbling & trampoline or Team at IGI Gymnastics & Sports Core for any reason whatsoever, including ordinary negligence on the part IGI Gymnastics & Sports Core its owners, officers, agents, or employees.