



# Family Registration Form

(630) 325-3333  
www.igigymnastics.com

<u>Student's Name</u> (please print all information)	<u>Sex</u>	<u>Age</u>	<u>Birthdate</u> / /	<u>Any medical conditions to which we should be alerted?</u>
<u>Student's Name</u> (please print all information)	<u>Sex</u>	<u>Age</u>	<u>Birthdate</u> / /	<u>Any medical conditions to which we should be alerted?</u>
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<u>Street Address</u>			<u>Primary E-mail</u>	
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Home Phone</u>	
Billing address if different from above: _____				
<u>Mom's Name:</u> _____	<u>Work</u> _____	-	-	<u>Cell</u> _____
<u>Dad's Name:</u> _____	<u>Work</u> _____	-	-	<u>Cell</u> _____
<u>Emergency Contact:</u> _____	<u>Relationship</u> _____	-	-	<u>Cell</u> _____
How did you hear about IGI? Internet <input type="checkbox"/> Friend <input type="checkbox"/> Mailer <input type="checkbox"/> Paper/Publication <input type="checkbox"/> Drive by <input type="checkbox"/> Party <input type="checkbox"/>				

## ASSUMPTION OF RISK, WAIVER OR LIABILITY, MEDICAL AUTHORIZATION

Please read and initial the following paragraphs.

**AUTHORIZATION.** I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_ ("the Participant(s)") identified herein and affirm I have authority to enter into this document and have obtained the agreement of any and all persons who may also be required to make the agreements contained in this document.

Initials \_\_\_\_\_

**WAIVER OF LIABILITY.** As legal guardian of the Participant(s), 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, cheer-leading, rock climbing and ball sports. Being fully aware of these dangers, I voluntarily consent to the Participant(s) participating in any and all Illinois Gymnastics Institute, Inc. ("IGI") programs, camps and activities and I **ACCEPT ALL RISKS** associated with that participation. In consideration for IGI allowing the Participant to use these facilities, I, on my own behalf and on behalf of the Participant(s) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE AND FOREVER RELEASE IGI**, it's officers, directors, shareholders, employees or agents (collectively referred to as "IGI") from all liability for any and all damages or injuries resulting from acts or omissions on the part of its officers, directors, shareholders, employees or agents. Further, I agree to indemnify IGI from any loss, liability, damage or cost IGI may incur due to the presence of the Participant(s) in or on the IGI business premises or any other location at which the Participant(s) is participating in IGI related activities whether caused by the negligence of the IGI or otherwise.

Initials \_\_\_\_\_

**EMERGENCY TREATMENT.** In the event of an accident or emergency I would like the Participant(s) to be taken to a hospital for medical treatment and I authorize IGI to do so but agree IGI is not required to request such treatment and is not responsible for that treatment. I agree to hold IGI and its representatives harmless for any action or inaction related to such medical treatment. Additionally, I agree to pay all expenses incurred related to medical treatment and indemnify IGI from claims related to same.

Initials \_\_\_\_\_

**PAYMENT TERMS.** I agree that I am personally responsible for payment for all services rendered by IGI to the Participant(s) in accordance with IGI's standard charges as they may be amended from time to time without notice. All amounts shall bear interest in the amount of one percent (1%) per month or the maximum amount allowed by law, whichever is less, from the date due until payment in full is received. Further, I agree to pay attorneys fees and court costs incurred by IGI in negotiation or collection of amounts I owe to IGI. I agree to provide a valid credit card and, as necessary, update the information regarding said credit card and authorize IGI to charge my credit card for said amounts unless other payment arrangements are made upon demand.

Initials \_\_\_\_\_

**CONSENT TO PUBLICATION.** I also consent to the use by IGI 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. I further consent to the use of my name or the Participant(s)'s name in connection with such materials, and agrees that such materials and negatives shall constitute the property of IGI with full right of distribution.

Initials \_\_\_\_\_

**RULES AND REGULATIONS.** I agree that the Participant(s) and I shall comply with and be bound by any rules and regulations issued by IGI and as they may be updated from time to time and agree that it is my obligation to obtain them. Said rules and regulations may supplement and/or modify these Terms and Conditions regardless of whether the Participant(s) or I have actual knowledge of them.

Initials \_\_\_\_\_

Parent or Legal Guardian's Name (printed)

Parent or Legal Guardian's Signature

Date



# Registration Agreement & Understanding

## Policies

### **MONTHLY TUITION.....**

Tuition is paid monthly via Automatic Payment using a credit/debit card on the 25th day of the preceding month. Once enrolled in a class, you are automatically enrolled and billed for that same class until we receive an email or written request to withdraw you or we speak to you about switching to another class. If you choose to not continue in that class, notification must be given in writing to the office by the 15th of your final month, or you are responsible for the following month's tuition.

- To avoid Automatic Payment: Simply pay your tuition using any alternative method of payment before the 25th, and your card on file will not be charged.
- Declined payments (expired card, etc.) may be subject to fees and must be remedied immediately or you risk losing your class spot to a waiting student.

### **ANNUAL MEMBERSHIP FEE.....**

All students are required to pay an annual (non-refundable) membership fee: \$35 First child & \$10 for each additional child.

### **FAMILY DISCOUNT.....**

20% off lowest tuition of each additional child or class enrolled.

### **MISSED CLASSES.....**

There are no refunds or credits for dropped or missed classes.

- You are enrolled in the class for the entire month, regardless of attendance.
- Tuition will not be prorated for pre-planned absences such as vacations, parties, school events, etc.
- Make-ups may be scheduled. Please contact the front desk for assistance.
- If missing due to a medical reason (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).

### **CHANGING CLASSES.....**

A student may enroll or switch at any time as long as there is available space. Please contact the front desk for assistance.

### **CLOSINGS.....**

Labor Day, Memorial Day, Halloween (no afternoon/evening classes), Thanksgiving Break, Holiday Break, Good Friday & Easter, and Fourth of July.

DISCLAIMER: Illinois Gymnastics Institute, Inc. [hereinafter referred to as IGI] 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 Team, recreational, preschool, or other instructional classes including gymnastics, dance, cheerleading, Ninja Zone, tumbling, or trampoline at IGI.

Updated 9/20/16