

# Zero Gravity Gymnastics

## Registration Form

A Non-Refundable \$40.00 registration fee per family must accompany this form.

How did you hear about Zero Gravity Gymnastics:

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Parent/ Guardian Name

Home Phone

Cell Phone

Address

City

State

Zip Code

Emergency Contact

Phone

Relationship to Student

Insurance Company

Allergies or Special

Email

1<sup>st</sup> Child \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_ Wk. Begin \_\_\_\_\_ Wk. End \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_ Wk. Begin \_\_\_\_\_ Wk. End \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_ Wk. Begin \_\_\_\_\_ Wk. End \_\_\_\_\_

### Policies

- Proper attire is required to participate in classes at the gym. Girls may wear a leotard or a one piece bathing suit. Boys may wear gym trunks and a T-Shirt. For safety reasons, children who do not have proper attire will not be allowed to participate. No jewelry is to be worn and long hair must be tied back securely with a hair elastic.
- Parents are always welcome to stay and watch class from outside the gym area. Please do not talk to, or otherwise distract your children during class. Any interruption could result in serious injury. Parents are not allowed in the gym area. No videotaping or photography during classes is allowed at Zero Gravity, however; you can arrange with management to take pictures of your child doing gymnastics when it is not a distraction to the student.
- Schedule is subject to change. Please check the website and the gym for the most up to date schedule. There are no refunds or credits for changes in the schedule.
- There are no make ups for our school age program. Our preschool program allows two make ups per session.
- Payments may be made by Cash, Personal Check, Visa or MasterCard. Returned checks will carry a \$20.00 processing fee. NO REFUNDS OR CREDITS.

Initial \_\_\_\_\_

I understand that my child has registered for classes at Zero Gravity Gymnastics. I am aware of the policies above, and freely accept these terms and conditions. I give permission to Zero Gravity to use images of my child of marketing purposes and for program development. I understand that gymnastics is a sport that involves height and rotation of the body, therefore; there are inherent risks involved. I hereby testify as to my Son/Daughter's sound health of mind and body and I authorize Zero gravity and its staff to seek medical treatment at the nearest medical facility in case of emergency. I hereby and forever release Zero Gravity Gymnastics Inc., its officers, agents, and employees from any claim or suit arising from my child's participation in gymnastics. I intend this statement to take effect as a sealed instrument.

Signed \_\_\_\_\_ Date \_\_\_\_\_