

Registration Form

Last Name _____

_____ M/F _____ / _____ / _____
Students Last Name First Name Sex Age Birth Date

_____ _____ _____ _____
Mom's Last Name Mom's First Name Dad's Last Name Dad's First Name

(____) _____ (____) _____ @ _____
Home Phone Cell Phone Email Contact (required for all students)

_____ _____ _____ _____
Street Address City Zip Code Student Allergies/Medical Conditions/Physical Restrictions

Assumption Of Risk and Waiver of Liability: As legal guardian of the above named persons, **I RECOGNIZE AND FULLY UNDERSTAND 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, swimming, birthday parties, open gym, etc. In addition, swimming or any activity in or around water can result in brain damage or drowning. These risks and dangers may be caused by my own or my child's actions, or inactions, the actions or inactions of others participating in the Activity, or the negligence of USAcroSports, Incorporated, AcroSports Gymnastics, AcroKids Academy, and AcroSwim (collectively AcroSports), officers, directors, shareholders, or other representatives, whether paid or volunteer. **BEING FULLY AWARE OF THESE DANGERS** and in consideration of the minor being permitted to participate in activities at this facility, **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I, or my child, incur as a result of my child's participation in the activities at this facility. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USAcroSports, Incorporated on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES, WITHOUT LIMITATIONS, ON THE MINOR'S ACCOUNT OR MINE caused or alleged to be caused in whole or in part by the negligence of USAcroSports, Incorporated, its officers, directors, shareholders, employees, or agents.**

Consent to Emergency Medical Treatment/Medical Insurance: I confirm that **my child is in good health and that I currently provide medical insurance for my child** and will continue to provide medical insurance while he/she is enrolled in any programs provided by USAcroSports, Incorporated. I/We do hereby authorize any adult officer, director, supervisor, instructor or employee of USAcroSports, Incorporated, d/b/a AcroSports Gymnastics, AcroKids Academy, and AcroSwim who has care and control of the student to consent to any medical treatment of the student when I/We cannot be contacted pursuant to 35.01 of the Texas Family Code which, in the judgment of any perspective treating doctor, is immediately and medically necessary to treat any injury sustained by the student.

Arbitration: I/We do hereby agree that any and all disputes , controversies, claims or demands, including but not limited to personal injuries, arising out of or related to this agreement or any provisions thereof, the services provided to me and/or the student, or in any way relating to the relationship with USAcroSports, Incorporated, its officers, directors, supervisors, agents or employees, whether in contract, tort or otherwise, for damages or any other relief, shall be resolved by binding arbitration at the request of either USAcroSports, Incorporated, or me under the arbitration rules of the American Arbitration Association unless otherwise mutually agreed on another arbitration procedure, and USAcroSports, Incorporated and I are waiving our right to a trial by jury.

Photographs and Videos: I also give permission for photographs and videos of my child to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any USAcroSports, Incorporated activities.

BY SIGNATURE BELOW I/WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THE PROVISIONS STATED ABOVE:

Parent/Guardian Signature : _____ **Date Signed:** _____

AcroSports Tuition Policies

In order to provide the highest quality facility & instruction to our students and to be fair to all parents, AcroSports will strictly enforce the following policies:

Registration Fee: When enrolling at AcroSports, a non-refundable annual Registration Fee and a Tuition Deposit equal to one month's tuition is required. The Registration Fee is \$25 per student & is good from the first day of the school term through the last day of the summer session. Registration Fee will be pro-rated for enrollment after January 1st and is *not refundable*.

Tuition: Parents or person responsible for payment of tuition must provide AcroSports with a credit or debit card to be billed automatically each month. Credit Card information must be accurate and AcroSports must be notified immediately if the account on file reaches it's expiration date or if account is suspended or closed so that automatic billing can continue.

Drop Notice: All accounts are required to maintain a Tuition Deposit equal to one full month's tuition. Students are assumed to be enrolled for the full school year term. If a student wishes to drop, a written Drop Notice must be sent by email to drop@acrosports.com *no later than the first day of the student's last month. When timely Drop Notice is received, the Tuition Deposit will be applied to the student's last month of tuition and the automatic billing will be cancelled.. Verbal notice, phone messages, or notice to instructors does not meet this requirement. If notice is given after the first day of the last month, the automatic billing will go through for that month and the tuition deposit will be applied to the following month. Tuition Deposit is not refundable. AcroSports is willing to work with families who have special circumstances if parents communicate their needs to us.*

AcroSports Gym/AcroSwim Policies

Missed Classes/Holidays:

Tuition is determined on an annual basis with payments divided into twelve (12) monthly payments for your convenience. Classes average 4 per month (once weekly class) or 8 per month (twice weekly classes), but this varies depending on the calendar. Tuition is not pro-rated and make ups are not allowed due to fluctuations in the number of classes in a given month or to holidays. *Students are permitted one make-up class per month for illness or a family emergency. This make-up must be scheduled in advance with the Front Desk. All make-up classes must be completed while the child is enrolled in the program. There will be no pro-rated tuition or refunds due to missed classes.*

Arrival & Departure Time

Classes will begin promptly & late arrivals can be a major distraction! Please arrive early enough so that your child is ready to participate when class begins. Promptness is also essential when picking up your child. All children, including siblings & guests, must remain inside the AcroSports building unless supervised by an adult. We cannot be responsible for children once they leave our building. Children are not allowed to wear jewelry into the gym or pool. AcroSports will not be responsible for any lost jewelry or other personal items.

Gymnastics Class Attire

Gymnasts may wear t-shirts & gym shorts with briefs or bikers underneath. Girl gymnasts may wear leotards, with briefs required for girls over age 6. Hair should be kept away from the face and long hair secured in a pony tail. No buttons, buckles, snaps, or zippers are permitted.

Swimming Class Attire

Swimmers must wear an approved swimsuit. All children under the age of 4 are **required to wear a disposable swim diaper as well as a permanent swim diaper**. Hair should be kept away from the face and long hair secured in a pony tail.

Pool Contamination

****** Vomit and fecal matter exposure in the pool pose a serious health risk to all participants. Due to Texas Health Department regulations, the pool must be shut down completely for 48 hours following a vomit or fecal incident. Parents will be held responsible if your child contaminates the pool and requires AcroSwim to cancel classes and other events (including birthday parties and Open Swim) for this 48 hour period. Parent's will be charged automatically a \$100 Pool Closure Fee if your child throws up or poops in the pool***** NO EXCEPTIONS*****
******* The second incident will result in a \$150 fee*** Should there be a third incident, the fine will be a \$200 charge and you will be asked not to return to the program*****

Parent & Sibling Observation

Parents & siblings are welcome to observe classes from the waiting areas. Parents are not permitted in the gym or pool area unless enrolled in a parent-tot class. Parents must keep children under control and quiet in the waiting area. Children are not permitted to leave the AcroSports building or be present in the parking area without adult supervision. No skateboards, skates, bikes, etc. are allowed in the parking area. For the comfort of all our customers, parents with crying or unruly children are asked to remove the child from the observation and office areas.

Conferences with Instructors & Management

Instructors and management are happy to discuss parent concerns during the session. In order to avoid distracting instructors and students, parents are not permitted to enter the gym to confer with instructors. Parents may contact management and instructors by telephone or email or must *schedule in advance a conference in person*.

Advertising

Pictures of your child may be used with this general permission and without a specific release in our print advertising and on our website.

As the parent/legal guardian of an AcroSports student, I understand and agree to abide by the policies of AcroSports Gymnastics as stated in this document.

(print) Student Last Name

First Name

(print) Parent Last Name First Name

Parent Signature_____

Date_____

