



ACCOUNT NO. _____
(for office use only)

Registration Form

GENERAL INFORMATION

Name(s) _____ Sex _____ Birth Date _____ Sign-up (Insurance) Date _____ Class (Day/Time/Instr) _____

1. _____
2. _____
3. _____

ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE: HOME _____ WORK _____ CELL _____
 EMAIL _____
 How did you hear about us? Website _____ Phone book _____ Magazine ad _____ Friend _____ Other _____
 Parents' Occupations _____

I, _____ understand that as a member of Byers Gymnastics Center, tuition and a \$10 late fee will be automatically charged to my Visa Mastercard if my account is not paid between the 1st and the 7th of each month.
 Account # _____ Expiration date ____/____ V Code _____
 I, _____ would like my monthly tuition automatically charged between the 1st and 7th of each month to the credit card provided above.

PARENT/GUARDIAN (Please Print): _____
 I understand that fees are due and payable on the first class of the month. A late fee of \$10.00 will be charged on accounts paid after the 7th of the month. If a student must miss a class, please notify our office prior to the missed class and you will be entitled to a courtesy make-up class. Fees will be assigned until the office has been notified. I understand that class tuition is based on 48 classes per year and that there are no make-ups for Byers' Scheduled Holidays. I understand that gymnastics/dance can involve motion and height and that there is a possibility of injury or death.
 I understand that if a student wishes to discontinue, our office must be notified in writing 30 days in advance.
 PARENT SIGNATURE _____ DATE _____

EMERGENCY INFORMATION

(Mandatory Information)

EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE _____

In the event that I am unable to be reached or my emergency contact, a representative of Byers Gymnastics Center has my permission to seek medical treatment for illness or injury in my absence for the above named student(s).

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Medical Insurance or Social Security Number for the above named students

(1) _____ (2) _____ (3) _____

Please list any medical/behavioral conditions including allergies for each student listed above:

WAIVER OF LIABILITY, COVENANT NOT TO SUE

In consideration of participating in any class or activity at Byers Gymnastics Center. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Handstands Inc., DBA Byers Gymnastics Center, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

PARENTAL CONSENT

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

