



(Office Use) Entered Date _____

Registration and Waiver Form 2009-2010

Family Information

Mother's Full Name _____ Father's Full Name _____
 Address _____ City _____ State _____ Zip _____
 Cell # () _____ - _____ Home # () _____ - _____
 Alternate Phone # () _____ - _____ Name _____
 Emergency Contact # () _____ - _____ Name _____
Alternate phone numbers are in case of an emergency and parents are not reachable
 Mother's Work # () _____ - _____ Parent(s) Place of Business _____
 Father's Work # () _____ - _____ Occupation _____
 Child's School _____

*****E-mail Address** _____
**Receive our newsletters reminding you of upcoming events, priority registration, savings & coupons.*

Child's Name _____	Gender _____	Age _____	Birthday ____/____/____
Child's Name _____	Gender _____	Age _____	Birthday ____/____/____
Child's Name _____	Gender _____	Age _____	Birthday ____/____/____

*****Please list all Medical Conditions or Allergies that we should be aware of:** _____

How did you here about us? _____
 (Circle one) Word of mouth, Flyer, Internet, Web Site, B-day, Drive by, Other _____

*****PLEASE LIST AUTHORIZED ALTERNATIVE ADULT PICK UP:** ****We will only allow these adults to pick up your child:*

Adult's Full Name _____	Phone Number _____
Adult's Full Name _____	Phone Number _____
Adult's Full Name _____	Phone Number _____

*****PLEASE LIST ANYONE WHO IS NOT ALLOWED TO PICK UP YOUR CHILD:**
 Adult's Full Name _____

Assumption of Risk • Waiver of Liability • Photo Release • Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading and fitness classes. Being fully aware of these dangers, I hereby give consent for my child(ren) and myself to participate in any and all *Gym Ventures, Inc.* programs and activities and I ACCEPT ALL RISKS associated with this participation. I hereby understand that Gym Ventures facility does not provide supervised child care services. I understand that myself or an arrangement will be made to pick up and drop off my child(ren) at the appropriate time.

In consideration for my own or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE *Gym Ventures, Inc.* its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(rens) participation I hereby grant my permission for my child's likeness to be used in *Gym Ventures, Inc.* publicity and advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold *Gym Ventures, Inc.* and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for *Gym Ventures, Inc.*

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO REALSE, MEDICAL AUTHORIZATION and REGISTRATION HANDBOOK and I VOLUNTARILY affix my name in agreement.

PARENT /LEGAL GUARDIAN'S

• **Signature** _____ **Date** ____/____/____

Medical Information

In the event that I _____ or _____ can't be reached, I authorize treatment of my child _____ by a medical doctor or dentist, when emergency care is indicated. My preferred healthcare providers if available are:

Doctor _____ () - _____	Dentist _____ () - _____	Hospital _____ () - _____
Insurance Co. _____ Subscriber _____	Policy or Group # _____ Phone # () - _____	

***My child has the following significant health history / condition / allergies:** _____

Payment Information

Credit Card (CC) - on - File:

Circle One: Visa or Master Card	CC #:	Exp.Date	Name on Card

**We have a CC-on-File system for your convenience. Your credit card will automatically be charged at the end of the second week of the session if no other form of payment has been received*

Payment Options:

Credit Card: Visa or MasterCard Only	CC#:	Exp.Date	Name on Card
If you filled in the CC-on-File then you don't need to fill this CC information in.			
Check	Check #:	*Payment is necessary at the time of enrollment.	
Cash	\$		

Calculate your Session Tuition:

\$ _____ Reg./Member Fee	\$ _____ Reg./Member Fee	\$ _____ Reg./Member Fee
+\$ _____ Tuition Fees	+\$ _____ Tuition Fees	+\$ _____ Tuition Fees
-\$ _____ *Prorated	-\$ _____ *Prorated	-\$ _____ *Prorated
\$ _____ Total 1 st Child	\$ _____ **Total 2 nd Child/ 2 nd Class	\$ _____ **Total 3 rd Child/ 3 rd Class

Total for multiple children /class: \$ _____

**If you are new and starting after the 8 week session has begun, the office will prorate your amount for the number of classes missed*

***The approximate 10% discount applied for multiple children is the same discount applied for multiple classes. Further enrollment past the 3rd child or class results in the 3rd discounted rate repeated.*

***There is a 10% of total office processing fee if you ask for a refund.*

Class Names, Ages & Prices

- Please see our class schedules for days, times and prices online at www.gymventures.com.
- Call the office for class availability. Thank you!

Child's Name: _____ Child's Age: _____

Class Name: _____ Class Day: **M T W Th F S** Class Time: ____:____ am/pm

Child's Name: _____ Child's Age: _____

Class Name: _____ Class Day: **M T W Th F S** Class Time: ____:____ am/pm

8 Week Session & Camp Dates:

SESSION 1	Sept. 14 – Oct. 31, 2009 7 week session	Individual Camp:	Multiple Day Camp:
SESSION 2	Nov. 2 – Dec. 19, 2009 7 week session	Columbus- Oct.12	Winter Camp: Nov.23-25 and Nov.27
SESSION 3	Jan. 4 – Feb. 27, 2010	Veteran's - Nov.11	Winter Camp: Dec. 21-24; Dec. 28-31,
SESSION 4	Mar.1 – May 1, 2010	MLK - Jan.18	Spring Camp1: Mar.29 – Apr 2 (no classes)
SESSION 5	May 3 – June 26, 2010	Lincoln's - Feb.12	Spring Camp 2: Apr. 5 – Apr. 9 (yes classes)
SESSION 6	July 5 – Aug. 28, 2009	President's Feb.15	Summer Camps: June 14 – Aug.28

Annual Registration/Membership Fee

Renewal Dates	First Child	Second Child	Third Child
Sept. 1, 2009 – Aug. 29, 2010	\$45	\$25	\$15
Mar.1 – Aug. 29, 2010 *prorated	\$35	\$15	\$5
June. 1 – Aug. 29, 2010 *prorated	\$25	\$5	Free