

Last Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Triad Gymnastics Registration/Waiver For IA KIDS, LLC

#### Student Information: (please print)

Child 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 3 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 4 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Parent Information: (please print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us? Referral \_\_\_\_\_ Advertisement \_\_\_\_\_

Referred By: \_\_\_\_\_

**\*Allergies, medications, or any other medical/physical conditions that we should know about:** \_\_\_\_\_

**\*Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Acknowledgment of Risk/Waiver of Liability

Please read, sign and bring waiver to the front desk. Children without waiver signed will not be able to participate.

My/Our child/children has/have no physical conditions that would limit his or her participation in athletic activities. I/We hereby give permission for my/our child/children to participate in activities at IA KIDS, LLC, dba Triad Gymnastics, and to work on all of the necessary equipment. I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the IA KIDS, LLC, dba Triad Gymnastics, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR (**preferred hospital**): \_\_\_\_\_ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf. *Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Photo Waiver/Release

Occasionally IA KIDS, LLC, dba Triad Gymnastics, will take photos for advertising or informational purposes. I/We hereby give IA KIDS, LLC, dba Triad Gymnastics, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage.

(This Policy Subject To Change Without Notice)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Payment Policies

Tuition is due on the 1<sup>st</sup> of the month. If payment is not received by the 20<sup>th</sup> of the month, you could be removed from class and a late fee may be assessed. We do require a credit card on file for monthly auto debit/credit. Payment may be made prior to the 1<sup>st</sup> of the month by other methods. Registration fees and tuition are non-refundable. Notice must be made by the 25<sup>th</sup> of the month for the next month if dropping a class, otherwise you will be responsible for the next month's tuition.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_