



Registration Form

Tempe Location
1700 E Elliot Rd – Suite 9
Tempe, AZ 85285
(480) 557-0006
tempe@goldmedalgym.com

Chandler Location
455 E Warner Rd
Chandler, AZ 85225
(480) 857-7335
chandler@goldmedalgym.com

Parent / Guardian Information

First: _____ Last Name: _____ Relationship: _____

Phone: Cell: _____ Work: _____ Email: _____

First: _____ Last Name: _____ Relationship: _____

Phone: Cell: _____ Work: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ How did you hear about us? Friend Internet Other: _____

Emergency Contact (_____) _____ Name: _____
*Used only in the event we are unable to reach you. Please provide an emergency contact **OTHER THAN YOURSELF or SPOUSE.*** Relationship: _____

Student Information

 Please list age appropriate children who may participate in classes, activities, open gym, etc.

(1) Child's First: _____ Last: _____ Date of Birth: _____ M F

List any medical facts or allergies we should be aware of: _____

(2) Child's First: _____ Last: _____ Date of Birth: _____ M F

List any medical facts or allergies we should be aware of: _____

(3) Child's First: _____ Last: _____ Date of Birth: _____ M F

List any medical facts or allergies we should be aware of: _____

Gold Medal Gymnastics Waiver for Participation

WAIVER FOR PARTICIPATION: In consideration of the agreement of Gold Medal Gymnastics Academy (hereinafter GMG) to accept my child(ren) (hereinafter participant) as participant in GMG activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in a unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assumes the risk of such injury to participant, hi or her heirs, ancestors, executors, successors, and assign from any and all liability, actions, claims and does hereby agree to fully indemnify GMG from any medical expenses or damages resulting from any such accidental injury to participate while training or performing at or for GMG except where such expenses or damage are the result of intentional or reckless conduct of GMG. On many occasions, newspapers, TV stations, etc., visit GMG. They often take pictures or video of our classes and teams. Signing this release will include giving permission for us to use you or your child's picture, likeness or testimonial in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

PERMISSION TO TRANSPORT YOUR CHILD(REN): In the event of an emergency, I give Gold Medal Gymnastics Academy my permission to contact the appropriate Medical and/or Emergency Response personnel to transport my child(ren) to the nearest available source of assistance and/or treatment as deemed necessary by GMG staff and/or said emergency personnel.

OPEN GYM: While instructors/coaches/staff are on hand to ensure safe play, gymnastics instruction is not provided during open gym. Children should never be attempting to do something or perform a skill they are not already able to do. For Parent Power Play: Parent Participation is required. Parents must be with in hand reach of their child at all times. No Cellphones, camera's, food or beverages are allowed on the gym floor at any time. Open Play in sports court is at your own risk as outlined above.

Today's Date

Signature of acceptance

Complete reverse side for additional Gold Medal Enrollment Rules and Policies

Gold Medal Gymnastics Enrollment Rules & Policies

Tempe: 1700 East Elliot Road – Tempe, AZ 85248 (480) 557-0006 Chandler: 455 East Warner Road – Chandler, AZ 85225 (480) 857-7335

FREE TRIAL CLASS: If date of this form is a FREE TRIAL class, I understand that payment is not due today unless I sign-up to continue classes after this free trial is complete. As a Free Trial, I am agreeing to the policies within should enrollment occur today or in the future. I am under no obligation to register for classes, but understand once payment and/or payment information is provided, that the following policies are in effect until written notice of cancellation is provided by my as outlined below.

PAYMENT INFORMATION: I represent and warrant that I am purchasing something from Gold Medal Gymnastics or from Merchants that (i) any credit or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment is made or auto pay information is provided) Gold Medal Gymnastics to charge my bank or credit card account for purchases and will maintain accurate records. I understand that tuition is due by the 20th of each month (1st of the month for team) and will be automatically paid with a card on file. Prompt payment will guarantee your child's spot in class for the following month (ie: January 20th payment is for February tuition). I am responsible to notify Gold Medal Gymnastics of any changes or updates in my contact or payment information.

ANNUAL MEMBERSHIP FEE: Enrollment in Gold Medal Gymnastics includes an annual membership in our program at a rate of \$ 40.00 per family regardless of the number of immediate family members are actively enrolled. This membership is due upon my initial registration and thereafter, annually, in the anniversary month of my initial enrollment.

UNACCOMPANIED MINORS: A parent or guardian must accompany a child in to and out of the gym each day. For the safety of all, we ask that parents do NOT drop children off to come in to the gym alone. Parents are asked to arrive to the gym 10 minutes prior to the end of class to ensure their child is picked up on time. Siblings and friends are welcome to visit and watch class when accompanied by an adult. No child should be left unattended while at Gold Medal Gymnastics. If you are running late for pick-up, we ask that you call the gym so we are aware of your arrival time.

REPORTING AN ABSENCE / MAKE-UP POLICY: Should your child need to miss class, please contact the gym at your earliest convenience. If due to an injury or illness, please state the nature of the injury/illness when calling in. A make-up for your missed class can be scheduled only after your child has missed class. While we do our best to guarantee one make-up per pay period, you must make-up a missed class within 45 days or risk forfeiting the make-up opportunity. Make-ups are schedule based solely on availability. It is at the sole discretion of Gold Medal Gymnastics to grant a make-up class and/or other suitable time replacement. We do not prorate tuition for missed classes. Your child(ren) must be actively enrolled in classes and your account must be current and in good standing in order to schedule a make-up class.

SPORTS COURT USE (CHANDLER GYM ONLY): Gold Medal Gymnastics members are welcome to use the Chandler Sports Court, if it is not in use by a class or other GMG program. A signed waiver must be on file for participation. Play in the sports court is at your own risk and should never involve gymnastics activities or "horse" play. All children must be supervised by their own parent/guardian. Children 5 years and under must be accompanied by an adult in the sports court at all times. Children should never be left unattended in the sports court.

LOST AND FOUND: Gold Medal Gymnastics is not responsible for items left behind or unattended. Gymnasts are asked to keep items of value at home, including cellphones and electronics. Cell Phones are NOT allowed in the gym area at any time.

TEAM PROGRAM: While the rules and policies above apply to all programs, additional rules and policies, payment due dates, and fees specific to the team program are disclosed in our Team Handbook. You will receive a copy of our Team Handbook once enrolled in our Team Program. Team Programs are by invitation only. Evaluations/Invitations are conducted throughout the year.

This agreement and waiver having been read, thoroughly and understood completely, is signed voluntarily as its content and intent. I HAVE READ A COPY OF ALL GOLD MEDAL GYMNASTICS ACADEMY POLICIES CONTAINED WITHIN AND AGREE TO AHERE TO THEM, INCLUDING NO REFUNDS.

Today's Date

Signature of acceptance of above Enrollment Rules & Policies

Billing Information (Who will be responsible for payment?)

Check if SAME information as front.

Full Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

_____ **PAYMENT SCHEDULE:** I understand that tuition is due by the 20th of each month (1st if on team) and will be automatically paid with a card on file. Prompt payment guarantees my student's spot in class for the following month. (ie: January 20th payment is for February tuition). I understand that I am responsible to notify Gold Medal Gymnastics of any changes or updates to my billing, contact or payment information. Non-payment count result in my child being dropped from class if arrangements have not been made for payment by the applicable due date.

_____ **UN-ENROLLMENT:** I understand that a WRITTEN notice is REQUIRED to terminate billing and cancel my child(ren) enrollment in class. I AM RESPONSIBLE FOR PAYMENT WHETHER OR NOT MY STUDENT ATTENDS CLASSES UNTIL I NOTIFY GOLD MEDAL GYMNASTICS IN WRITING TO DROP MY STUDENT FROM CLASSES. To avoid future charges, notice must be received BEFORE the 19th of the month. Once payment has been made, there are NO REFUNDS or prorating of tuition for missed classes. Should I dispute the charge through my financial institution, this will constitute a break of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services. See from desk to complete un-enrollment form.

_____ If payment is returned to Gold Medal Gymnastics, a \$ 25.00 Return Payment fee will be assessed. That fee plus the original payment will be due immediately upon notice of a return item.

Date

Signature of acceptance of above billing policies

Office Use Only: Processed by/date: _____ Notes: _____