

REGISTRATION FORM

Please completely fill in both sides and
be sure to notify us of any contact info changes.



Today's Date _____

STUDENT INFORMATION

First Name _____ Last Name _____ M F

Street Address _____

City, State, Zip _____

Home Phone _____ Age _____ Birth Date _____

Allergies & Medical Conditions _____

Legal/Custody Issues _____

CONTACT INFORMATION

*** AT LEAST ONE EMAIL ADDRESS IS REQUIRED**

MOM'S NAME _____ Home Phone _____

Occupation _____ ***EMAIL** _____

Cell Phone _____ Work Phone _____

DAD'S NAME _____ Home Phone _____

Occupation _____ ***EMAIL** _____

Cell Phone _____ Work Phone _____

EMERGENCY INFORMATION (Someone to contact if parents cannot be reached)

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Referral Source (please circle all that apply): Google Search Drive-by Olympica Birthday

Facebook Post Facebook Ad Instagram Post Instagram Ad Yelp Search

Friend/Family (please list if current student) _____ Other _____

OFFICE USE ONLY

\$ _____ Registration Fee

Free Trial Date _____ \$ _____ Current Month

Start or Restart Date _____ \$ _____ Other

Class _____ \$ _____ **TOTAL**

Staff Initials	Payment Received	Staff Initials	Computer Input

**PLEASE COMPLETE
OTHER SIDE**

Secondary Excess Coverage

Olympica Gymnastics Academy group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parent's separate or employees' dependent group insurance. This secondary excess accident medical insurance coverage has a \$100 deductible which Olympica Gymnastics Academy DOES NOT PAY in the event of an accident.

Permission Slip

I give permission for my child(ren) _____ to attend Olympica Gymnastics Academy. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Parent/Guardian/Adult Participant Signature _____ **Date** _____

Gym Policies (initial next to each):

_____ **Child Safety:** I understand that I am ultimately responsible for my child's behavior and safety while they are on the premises of Olympica Gymnastics Academy, including but not limited to all gym areas, parking lots, restrooms, waiting areas, etc.

_____ **Registration Fee:** I understand that there is an annual registration/insurance fee of \$40.00.

_____ **Tuition:** I understand that tuition is due in advance, on the 25th of the month, for the forthcoming month. If payment is received after the 5th of the billed month, a \$15.00 late fee is assessed. There is a \$25.00 charge for all checks returned by the bank. Students may not participate if an account is more than 21 days past due. I understand that general program tuition is billed according to the number of weeks in that month.

_____ **Payment:** I understand that a debit card with Visa or MasterCard logo (only) must be retained on file by Olympica Gymnastics for automated processing each month on the 1st, in accordance with the terms of Olympica's Debit Authorization Form. Manual payment may only be made prior to the automated processing date, in the form of cash, check, or debit card. Standard credit card is not an accepted form of payment.

_____ **Missed Classes & Make-up Lessons:** I understand there is no credit or refund given for missed classes or make-ups, and that make-up lessons up to the allotted number (4 per annual registration period) must be taken while enrolled in the program.

_____ **Cancellation of Classes:** I understand that a minimum *14 days advance notice* is required when discontinuing classes. *Cancellation is made via email to accounting@olympicagymnastics.com only.*

_____ **Photo & Video:** I understand that all photos and videos taken during class and Olympica events may be used (without full names) for print and digital marketing purposes, including but not limited to the Olympica website, Facebook page, Instagram page, and other social media. Photos and videos will gladly be removed from the aforementioned upon written request made to: info@olympicagymnastics.com (only)

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____
I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against Olympica Gymnastics Academy, its owners, operators, coaches, and other members, from personal injury or accident of any sort or nature, minor or catastrophic, suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of Olympica Gymnastics Academy.

Parent/Guardian/Adult Participant Signature _____ **Date** _____