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Website: [www.wyomingvalleygymnastics.com](http://www.wyomingvalleygymnastics.com)

Email: [info@wyomingvalleygymnastics.com](mailto:info@wyomingvalleygymnastics.com)

## 2016-2017 Registration Form

Athlete's Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

1st Athlete's 1st Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Class/Day/Time \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

2nd Athlete's 1st Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Class/Day/Time \_\_\_\_\_

3rd Athlete's 1st Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Class/Day/Time \_\_\_\_\_

Parent 1 first & last name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Parent 2 first & last name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency number if all other numbers fail; please call \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_ for memo & billing use only-please write clearly!

**Refund/Makeup:** There will be NO refund after the 1<sup>st</sup> class. Each child is allowed 2 makeups per 10 week semester, to be made within the semester they miss and 1 make-up per 4 week summer semester, to be made within the summer semester they miss. You must call in advance to schedule a make-up.

**Tuition:** Full payment of tuition is due upon the first day of class in order for the athlete to participate in the class.

**Credit Card Payment:** There is a 3% service charge for all credit cards swiped and a 5% service charge for cards charged over the phone.

**Returned Checks:** You will be charged a \$35 fee for any returned checks.

**Registration Fee:** Due upon sign up and renewed each August. Fall: \$25 each child Winter 1: \$20 each child Winter 2: \$15 each child, Spring: \$10 each child, Summer 1 & 2: \$5 each child

As legal guardian of \_\_\_\_\_ (list all children), I hereby consent to the aforementioned person(s) participating in Wyoming Valley Gymnastics training center, and/or associated programs or events. I represent that, to the best of my knowledge, my child(ren) is/are qualified in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child(ren), that it will be my responsibility to immediately discontinue my child(ren)'s participation in the Activity. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including, gymnastics, tumbling and trampoline activities. That said, I agree to make my child(ren) aware of the possibility of injury and encourage my child(ren) to follow all safety rules and the coaches instructions. I fully understand that Wyoming Valley Gymnastics' staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Wyoming Valley Gymnastics' staff to render first aid to my child(ren) in the event of any injury or illness and if deemed necessary by the staff to call a physician and to seek medical help. I understand that it is the express intent of Wyoming Valley Gymnastics to provide the safety and protection of my child(ren) in consideration for allowing my child(ren) to use these facilities, I hereby release Wyoming Valley Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Wyoming Valley Gymnastics. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for my child(ren)'s protection and my own protection. I understand that it is the parent's responsibility to warn the child about the dangers of gymnastics/tumbling and potential injury. I also understand that safe, professional instruction often includes hands on spotting to my child(ren). This acknowledgement of risk and waiver of liability having been read thoroughly and understood completely is signed voluntarily as to its content and intent. I understand that there are no prorations or refunds or credits for missed classes and agree to follow the make-up policy, stating that there are 2 make-ups per each 10 week semester and 1 make-up per each 4 week summer semester and make-ups MUST be done within the same semester that the child missed. I further understand that make-ups cannot be rolled over to the next semester.

\_\_\_\_\_ I allow Wyoming Valley Gymnastics to use pictures and video of my child in social media posts.

\_\_\_\_\_ I understand that my child MIGHT be in group pictures of the class they are enrolled in.

\_\_\_\_\_ I have received a copy of the rules and policies of Wyoming Valley Gymnastics and have read and understand the rules of the gym, the make-up policy and the tuition payment and agree to abide by them

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date