

1	<p>Family Information / Billing Contact</p> <p>Parent/Guardian First Name: _____ Last Name: _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>E-Mail: _____ How Did You Hear About Us? _____</p> <p>Emergency Contact Name: _____ Emergency Contact #: _____</p>
2	<p>Student Information</p> <p>1st Student Name: _____ Nickname: _____ D.O.B: _____</p> <p>2nd Student Name: _____ Nickname: _____ D.O.B: _____</p> <p>3rd Student Name: _____ Nickname: _____ D.O.B: _____</p> <p>Special Medical Conditions/Allergies/Restrictions _____</p>
	<p>ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian of the above named persons, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatable, gymnastics, tumbling, cheerleading clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, camps, play time, and field trips. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at American Allstars Gymnastics Academy Of Commerce Twp. LLC and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE American Allstars Gymnastics Academy Of Commerce Twp. LLC, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of American Allstars Gymnastics Academy Of Commerce Twp. LLC. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. American Allstars Gymnastics Academy of Commerce Twp. LLC will only warn the child thru Safety Messages and our teaching style and progression. I also understand and give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of American Allstars Gymnastics Academy of Commerce Twp. LLC.</p> <p>PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I confirm that my child is good health and I have medical insurance on my child and will provide coverage while he/she is enrolled. I fully understand that American Allstars Gymnastics Academy Of Commerce Twp. LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release American Allstars Gymnastics Academy of Commerce Twp. LLC staff members to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the American Allstars Gymnastics Academy Of Commerce Twp. LLC Staff to seek medical help including calling of an ambulance for said child should the American Allstars Gymnastics Academy Of Commerce Twp. LLC staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by my child as a result of any injury sustained while participating at American Allstars Gymnastics Academy Of Commerce Twp. LLC.</p> <p>TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION I understand if my child is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur recurring monthly tuition charges on my account until I submit a American Allstars Gymnastics Academy Of Commerce Twp. LLC class stop request. This document may be obtained from American Allstars Gymnastics Academy of Commerce Twp. LLC Business Office or downloaded from our website www.AmericanAllstarsKids.com. If I am stopping a class (with recurring monthly tuition) it must be done on or before the last day of the month. If I stop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that American Allstars Gymnastics Academy Of Commerce Twp. LLC does not give make-up classes, credits and/or refunds for, but not limited to programs, classes, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, camps, play time, field trips and Special Olympics, missed and/or canceled due to holiday, vacation, illness, weather or any other reason. American Allstars Gymnastics Academy of Commerce Twp. LLC does not issue refunds. All sales are final for any product and/or service purchased and/or provided by American Allstars Gymnastics Academy of Commerce Twp. LLC. Contingent on availability American Allstars Gymnastics Academy of Commerce Twp. LLC may issue a Free pass to an open gym for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments of my balances due on my American Allstars Gymnastics Academy Of Commerce Twp. LLC account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, American Allstars Gymnastics Academy Of Commerce Twp. LLC will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on file with American Allstars Gymnastics Academy of Commerce Twp. LLC. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify American Allstars Gymnastics Academy Of Commerce Twp. LLC business office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in classes will be canceled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1st of the month of my registration anniversary date with American Allstars Gymnastics Academy of Commerce Twp. LLC.</p> <p>I understand and give permission for photographs of my child to be used in print without name as deemed appropriate for the promotion of American Allstars Gymnastics Academy of Commerce Twp. LLC. American Allstars Gymnastics Academy of Commerce Twp. LLC reserves the right to modify the terms of this agreement with written notice.</p>
3	<p>Monthly Payment Information</p> <p>_____ I would like auto billing. Please charge my payment information on file the 1st of each month for my balance due and e-mail me my receipt. Auto billing applies only to programs that have a recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and for registration. I understand if my child is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit an American Allstars Gymnastics Academy LLC class stop request.</p> <p>_____ I will pay my account balance on or before the 1st of each month through the American Allstars Business Office. If my payment is not received on or before the due date, American Allstars will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. I understand that American Allstars does not send out a monthly bill and it is my responsibility to pay my account balance at the American Allstars Business Office. I understand this only applies to programs that have recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if my child is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur recurring monthly tuition charges on my account until I submit an American Allstars Gymnastics Academy LLC class stop request.</p> <p>_____ I am registering for a program. (EXAMPLE - clinics, camps, private lessons, birthday parties guests, bring a friend, field trips, and play time) that does not have recurring monthly tuition. I understand if I do enroll in a program that does have recurring tuition I agree to pay the tuition payment, enrollment, and billing terms contained in this registration form. Fees for products and/or services shall be paid at the time of purchase and for registration.</p>
	<p>Signature: X _____ Date: _____</p>