

# Registration Form

## GUARDIAN INFORMATION

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

Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....

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

Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## STUDENT INFORMATION

1st Child:

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Information (Anything we may need to know such as asthma, allergies and any special needs etc...):  
\_\_\_\_\_

2nd Child:

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Information (Anything we may need to know such as asthma, allergies and any special needs etc...):  
\_\_\_\_\_

3rd Child:

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Information (Anything we may need to know such as asthma, allergies and any special needs etc...):  
\_\_\_\_\_

# The Children's Gym Agreement and Policies

## Participation Agreement, Release and Assumption of Risk

In consideration of allowing the previously-declared participant(s) to begin participation in The Children's Gym activities, while on the premises and property of said Gym, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless The Children's Gym, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which The Children's Gym is conducted, or any premises under the control and supervision The Children's Gym, its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by The Children's Gym., its owners, officers, agents, or employees.

**Assumption of Risk** - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release.

I expressly agree and promise to accept and assume all of the risks existing in this activity: My participation in this activity is purely voluntary, no one is forcing me or my child to participate, and we elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify TCG from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in this activity.

Should TCG, or anyone acting on their behalf, be required to incur attorney's fees & costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

I certify that my child has health, accident and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume the risk of any medical or physical condition my child may have or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit against TCG, I agree to do so solely in the state of Oregon, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

In consideration of \_\_\_\_\_(print minor's name)

\_\_\_\_\_(print minor's name)

\_\_\_\_\_(print minor's name) ("Minor(s)") being permitted by TCG to participate in its activities and to use its

equipment and facilities, I further agree to indemnify and hold harmless TCG from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

In signing this Release, the undersigned acknowledges:

A) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.

B) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Billing Information

There is an annual registration fee due at the time of registration. This fee is based on the number of family members registered. Tuition is due by the twenty-first of each month and is based on the number of lessons received in a given month per The Children's Gym scheduling. If accounts are paid after the twenty-first of the month there will be a \$10.00 late fee applied to the account balance. Accounts that become 30 days overdue will be considered grounds for collections action. There is a \$35.00 returned check charge for any checks returned by the bank. **No refunds will be given. The Children's Gym does require a drop notice to be received by the twenty of the current month for the upcoming months tuition. The Children's Gym assumes your account to be continuing from the time of sign-up until the end of our regular season occurring in the middle of June unless a drop noticed is received.**

## Billing Authorization

I represent and warrant that if I am purchasing something from The Children's Gym 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 The Children's Gym to charge my bank, or credit card account. I understand that a written notice is required to terminate billing by the 20th of the current month to avoid charges for the upcoming month.

I am responsible for payment whether or not my student attends classes until I notify The Children's Gym in writing to drop my student from classes.

Should I dispute a charge through my financial institution this will constitute a breach 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.

(AGREEMENT SUBJECT TO CHANGE WITHOUT NOTICE)

**Account/Card Holder Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photo Release

I understand that my child's likeness may be used in The Children's Gym ads, promotional videos, website material, or various other marketing. These images will be used for The Children's Gym purposes only, and will not be given or sold to outside companies or individuals.

I agree to have my child's photograph used

I do not agree to have my child's photograph used

Please check one box and sign below

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_