

**ALABAMA ELITE GYMNASTICS ACADEMY
ENROLLMENT FORM**

RESPONSIBLE PARTY

mother		home phone	cell phone
occupation/employer		work phone	
father		home phone	cell phone
occupation/employer		work phone	
mailing address	City/State	zip code	email address (mandatory – needed for billing)
emergency contact/relationship to child - other than parent			phone

STUDENT

first & last name	sex	date of birth	age
address if different from above		school	
How did you hear about us? (be specific)	siblings enrolled in our program		
previous injuries	allergies/medications/other info about your child		
medical insurance company	policy #		
name of insured	insured date of birth		
physician	physician's phone #		

PLEASE READ CAREFULLY & INITIAL

TUITION & FEES:

- _____ I understand that tuition is due by the 1st day of each month. You will be responsible for tuition until you give WRITTEN notice PRIOR to unenrolling. These fees occur even if the child does not attend.
- _____ Accounts will be credited as paid on date received by this facility. A late fee of \$10.00 will be added on the 10th day of the month. A \$25.00 fee will be incurred for all returned checks.
- _____ If my account becomes delinquent, I agree to pay all costs of collecting the amount I owe under this Agreement, including court and collection costs and attorney's fees.
- _____ Alabama Elite Gymnastics Academy reserves the right at any time to terminate a child's participation in the program for any reason.
- _____ Enrollment fees are renewed every year in the month of September.
- _____ Make-up classes can be scheduled if a student is ill or injured or if there is a family emergency, but must be scheduled based on class availability within a timely manner. Make-up classes for other reasons are not permitted.

WAIVER & RELEASE OF LIABILITY:

- IN CONSIDERATION OF ALABAMA ELITE GYMNASTICS ACADEMY, LLC FURNISHING TRAINING AND/OR EQUIPMENT TO ENABLE BY CHILD TO PARTICIPATE IN GYMNASTICS/CHEER CLASSES, I AGREE AS FOLLOWS:
- _____ I fully understand and acknowledge that gymnastics & cheernastics activities have inherent risks, dangers & hazards, and that my child's participation in such activities and/or use of such equipment may result in injury including, but not limited to bodily injury, strains, fractures and other serious disabilities.
 - _____ I, on behalf of myself, my child, my spouse, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Alabama Elite Gymnastics Academy, LLC and its owners, agents, officers and employees from any and all claims of action existing presently or in the future and resulting from any injuries sustained as a result of my child's participation in either gymnastics or cheernastics at Alabama Elite Gymnastics Academy, LLC.
 - _____ I understand and acknowledge that no medical insurance benefits will be provided to me during this activity and that I will be responsible for any medical bills that may result from my child participating in gymnastics and/or cheernastics.
 - _____ I, being the parent or guardian of the student, do hereby authorize Alabama Elite Gymnastics Academy, LLC, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel or facility as needed in the event of accident or injury. I also agree to be responsible for all the costs of said emergency treatment.
 - _____ I understand that my child's name and/or photograph may appear on our website, www.alelite.com, or other promotional materials.

Parent/Guardian Signature (if under 18 years of age)	DATE	Participant Signature (if 18 years of age or older)	DATE
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Office use only:			
Schedule _____	Roll _____	iClass _____	Fees _____
		Registration Tuition Total _____	Start Date _____
			Class 1 _____
			Class 2 _____