

Office Use Only:

Class Code \_\_\_\_\_  
Tuition \_\_\_\_\_  
FGC Membership \_\_\_\_\_  
Total Due \_\_\_\_\_  Paid  
New Member Letter Sent? \_\_\_\_  
Email invoice? \_\_\_\_\_

Registration Form/Waiver  
Flatirons Gymnastics Center  
2645 Industrial Lane, Broomfield, CO. 80020  
303.465.6303  
www.flatirongymnastics.com

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Boy or Girl? (Circle one)

Student's Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Boy or Girl? (Circle one)

Student's Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Boy or Girl? (Circle one)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (**please provide for efficient communication**)

Mother's Work Ph \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_

Primary Accident/Medical Insurance \_\_\_\_\_

**Emergency Contact:** Please list a close friend or relative who could be reached in an emergency if you, as legal guardian, cannot be reached:

Name \_\_\_\_\_ Ph. \_\_\_\_\_

Please list any physical and/or social conditions that may affect your child's performance in class (significant past injuries, allergies, fears, etc.)

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How did you hear about us?

- |  |   |
|--|---|
| <input type="checkbox"/> Colorado Parent | <input type="checkbox"/> Magazine advertisement |
| <input type="checkbox"/> Friend          | <input type="checkbox"/> Internet Search        |
| <input type="checkbox"/> Birthday Party  | <input type="checkbox"/> Other _____            |

## **Please Read The Following Information Very Carefully!!!**

**Billing Procedure:** I understand that Flatirons Gymnastics Center runs on a quarterly billing cycle (12 week sessions). I understand that I will be required to pay for my child's full quarter dues PRIOR to beginning classes, unless I choose to submit a credit card number to the front desk for autopay. If I choose the credit card option, I understand that my credit card will be billed in 3 equal monthly installments during the session (on the 1<sup>st</sup> of the month for TEAM athletes and on the 15<sup>th</sup> of the month for recreational students). I understand that I am required to commit to the entire quarter for which I register and thus understand that **no drops or refunds will be processed prior to the end of a quarter**. If I choose to drop mid-quarter, my credit card will automatically be charged for the remainder of my quarters' dues. **Initials** \_\_\_\_\_

I also understand that, as a current client, I will be offered a priority registration period to register my child(ren) for the next session. If I am on autopay with a credit card and I choose NOT to sign up for the next session, **I understand that I MUST provide written notice to the front desk BY THE PRIORITY REGISTRATION DEADLINE in order to discontinue billing on my credit card**. If I do not provide such notice in a timely manner, my credit card will be billed for another month of classes and no refunds will be made. **Initials** \_\_\_\_\_

**Returned Check Fee/Collection Fees:** I understand that if my check is returned by the bank for insufficient funds, I will be charged a \$20 returned check fee and my child(ren) will not be permitted to participate in class until the tuition and fees are paid in full. Furthermore, I may be required to make any future payments in cash or with a credit card on file. If my credit card is declined in any given month, I understand that my child(ren) will not be permitted to participate in class until a new credit card is provided. If I fail to make the proper payments in either situation, I understand that my account will be promptly turned over to a collection agency and that all dues and fees incurred by Flatirons Gymnastics Center from the collection agency will be added to my amount due the gym. **Initials** \_\_\_\_\_

Payment Information (Payment must accompany registration):

Check     Cash     Please bill my credit card (circle one)    Mastercard    Visa

Last 4 digits of your card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ **(please submit card in person for payment)**

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

- I would like to set up automatic bill pay with this credit card**
- I would like my invoice sent to my email address every month (we do not mail invoices home)**

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

As the parent or guardian of the minor(s) listed on this registration form, I fully understand that gymnastics and cheerleading involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by their own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of the minor's participation in any activities at Flatirons Gymnastics Center. I believe the minor to be physically able and qualified to participate in the activity listed on this registration form.

I hereby release, discharge, covenant not to sue Flatirons Gymnastics Center and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, the minor or anyone on the minor's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_