



Registration Form:

Return by fax (248) 816-3126 or deliver to the Troy Gymnastics business office before participation can begin.

Parent/Guardian/Billing Contact

Parent/Guardian First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-Mail: _____ How Did You Hear About Us? _____
Emergency Contact: _____ Phone: _____

Student Information

Month / Day / Year

1st Student Name: _____ Birthday: _____/_____/_____
2nd Student Name: _____ Birthday: _____/_____/_____
3rd Student Name: _____ Birthday: _____/_____/_____

Special Medical Conditions/Allergies/Restrictions: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian and/or one of the above named persons and/or participants, 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's, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, play time, field trips, special Olympics, competitions, preschool, group activities, family fun nights, parents night out, trampoline, dance, karate, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all programs at Troy Gymnastics and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Troy Gymnastics, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Troy Gymnastics. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. Troy Gymnastics will only warn the participant thru safety messages and our teaching style and progressions.

MEDIA WAIVER: I also understand and give permission for photographs and videos of named persons and/or participants and/or myself be used in print or broadcast media as deemed appropriate for the promotion of Troy Gymnastics.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Troy Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Troy Gymnastics staff members to render temporary first aid to named persons and/or participants in the event of an injury or illness, and if deemed necessary by the Troy Gymnastics staff to seek medical help including calling of an ambulance for said named person and/or participants should the Troy Gymnastics staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participation in Troy Gymnastics.

TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION I understand if the above named person is enrolled in a program that has reoccurring session tuition I am continuously enrolled in the program and I will incur reoccurring session tuition charges on my account until I submit a written Troy Gymnastics class drop request. This document may be obtained from the Troy Gymnastics Office or downloaded from the website www.troymgymnastics.com. If I am dropping a class (with reoccurring session tuition) it must be done on or before the last day of the session. If I drop a class after the session begins I will only be eligible for a prorated account credit effective the day the written drop request form is received in our TG office. NO REFUNDS WILL BE GIVEN. I am responsible to make timely payments of my balances due on my Troy Gymnastics account. From the date of registration forward my entire account balance shall be due the 1st of each session. I understand this only applies to programs that have reoccurring session tuitions. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on file with Troy Gymnastics. If provided, an email notification will be sent anytime a payment is processed. I acknowledge that this authorization will remain in effect until I notify the Troy Gymnastics Office in writing that the authorization should be terminated. If for whatever reason payments could not be processed and my account balance remains overdue I understand that my enrollment in classes will be cancelled. I understand that session payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. New and updated billing, address and telephone information in the responsibility of the member, and not the responsibility of Troy Gymnastics to notify the member of expired/declined credit cards or returns. All currently enrolled student(s) will be charged an annual registration fee of \$25.00 that would be posted to my account on the month(s) of my registration anniversary date with Troy Gymnastics. Troy Gymnastics reserves the right to modify the terms of this agreement with written notice.

Payment and Billing Information

_____ I would like auto billing. Please charge my credit card the 1st day of each session for my balance due and e-mail me my receipt. Auto billing only applies to programs that have reoccurring session tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program. I will incur reoccurring monthly tuition charges on my account until I submit a Troy Gymnastics drop request.

_____ I will pay my account balance on or before the 1st day of each session at the Troy Gymnastics Office. If my payment is not received on or before the due date, Troy Gymnastics will initiate electronic payments for any balances due on my account. I understand that Troy Gymnastics does not send a monthly bill and it is my responsibility to pay my account balance at the Troy Gymnastics Office. I understand this only applies to programs that have reoccurring session tuitions. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are in a program that has reoccurring session tuition I am continuously enrolled in the program and I will incur reoccurring session tuition charges on my account until I submit a Troy Gymnastics drop request.

****Programs that are FREE are EXEMPT from supplying credit info until such time you register for a program that has monthly tuition****

I have read and completely understand all terms and conditions of this agreement.

Signature: X _____ Date _____

_____ I registered over the phone or online. Please use the credit card information I already supplied.

****Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition****

Credit Card Number: _____ Expires: _____ Zip Code: _____
(For security reasons this portion of the document will be destroyed once the date is entered in our secure encrypted database.)