



Trial Class Day: _____ Time _____ Class _____ Computer Input Date: _____

Student Information

Name _____ Gender _____ Age _____ DOB ____/____/____ Home () _____
 Name _____ Gender _____ Age _____ DOB ____/____/____ Mom Cell () _____
 Address _____ City _____ State _____ Zip _____ Dad Cell () _____
 Mom's Email _____ Dad's Email _____ Student's Email _____
 Does your child have any special needs? _____
 Medical conditions or allergies to which we should be alerted _____
 Mom's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 Dad's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 How did you learn about Schafer School of Gymnastics? (If word of mouth from whom?) _____
 Has anyone in your family previously been enrolled at Schafer School of Gymnastics? ____ Yes ____ No If yes, Date/Year _____

Enrollment and Payment Policies

Understanding of Policies: I have read, understand, and agree with the following policies (see separate form):

Enrollment policy: Enrollment in our program is monthly and the students are automatically re-enrolled in the same class from month to month, unless notified ahead of time (see withdrawal policy). Initial Here _____

Tuition policy: Class tuition is charged monthly and can vary. It is calculated by multiplying the class fee by the number of calendar days that we are scheduled to be open for the given month. (Team tuition remains constant.) Initial Here _____

Registration policy: An annual registration fee (\$30/Single or \$45/Family) is paid when you initially enroll and every year on the anniversary month of your original enrollment. Initial Here _____

Late fee policy: Tuition is due by the 1st of each month. There is a ten (10) day grace period, and on the 11th of the month a \$10 late fee will be charged. Initial Here _____

Withdrawal policy: To withdraw from a class, the office must receive a written withdrawal form by the 20th of the month prior to withdrawal. Initial Here _____

Make up policy: Students may make-up any missed classes (during a different class) in any month that they are enrolled. All make-up classes must be scheduled ahead of time. Make-up classes are not refunded or credited. Initial Here _____

Auto-bill option: I give the Schafer School of Gymnastics permission to bill my credit card/checking/savings account on the 25th of the month for my child's gymnastics classes. (Information entered through the office directly into billing website.)

Authorized Signature _____ Date ____/____/____

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

We, the staff of the Schafer School of Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading and dance. In sports, or activities involving height or motion, students may suffer injuries, possibly serious, or catastrophic in nature, including permanent paralysis or death.

I fully understand that The Schafer School of Gymnastics, Inc. and its staff members are not physicians or medical practitioners or any kind. With the above in mind, I hereby release the Schafer School of Gymnastics, Inc. staff to render temporary first aid to my child/children in the event of any injury or illness, and if deemed necessary by the Schafer School of Gymnastics, Inc. staff to seek medical help, including the calling of an ambulance for transport to a hospital for said child, should the Schafer School of Gymnastics, Inc. staff deem this to be necessary.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child/children participate in the programs offered by The Schafer School of Gymnastics, Inc. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against The Schafer School of Gymnastics, Inc. and or its representatives whether paid or volunteer.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S Signature _____ Date: ____/____/____