



# Recreation Registration and Waiver

17820 Englewood Dr. Suite 1 Middleburg Hts., OH 44130  
(440) 260-0470 www.x-tremegymnastics.com

Child (1) Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child (2) Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child (3) Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

Mothers Name: \_\_\_\_\_ Mothers Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Fathers Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Third Contact (emergency): \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

How did you hear about our gym? \_\_\_\_\_

**PAYMENT POLICY:** I understand that tuition is due in full before the first class is taken. All sessions are first come first serve, your payment holds your place in class. A \$5 late fee for recreational classes will apply on classes taken without advanced payment. A \$30 fee will apply to all NSF returned checks. Post dated checks will be accepted (fees may apply). Classes are non-refundable and non-transferable! There is NO REFUNDS for missed classes, NO EXCEPTIONS! WE ACCEPT CASH OR CHECK ONLY.

**MAKE UP POLICY:** As a courtesy, we allow for **ONE** emergency make-up class per session **IF** space permits in classes. To receive a make-up class, you **MUST** first inform X-treme Gymnastics that you will not be in attendance **24 hours BEFORE the class date**. You will **NOT** be granted a make-up without a proper cancellation. You are to schedule your make-up in advance and must be completed within the current session. We will not roll over or discount classes into the following session. **NO EXCEPTIONS.**

**RISK ACKNOWLEDGMENT & WAIVER OF LIABILITY:** I give consent to my child/myself to fully participate in all activities and programs offered by X-treme Gymnastics. I agree to assume all potential risks and hazards of severe injury that can occur in any activity involving height, motion, gymnastics and related activities. I understand it is the intent of X-treme Gymnastics to provide for the safety and protection of myself/my child and have agreed to allow myself/my child to use these facilities. I hereby release X-treme Gymnastics, its employees, instructors, and owners from all responsibility and liability for any damages and injuries suffered by myself/my child. I agree to provide for any and all possible medical expenses which may occur as a result of any injury sustained while training or competing at/for X-treme Gymnastics and agree not to bring legal action against X-treme Gymnastics. In case of emergency where I can't be reached, I grant X-treme permission to seek medical attention for my/my child's behalf. I understand that X-treme is not responsible for any personal property lost, stolen or damaged on or outside the premises. This acknowledgment of risk and waiver of liability has been read thoroughly and understood completely. I have agreed to sign voluntarily as to its content and intent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Date \_\_\_\_\_ M T W R F S Session \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_ Payment \_\_\_\_\_ Emp \_\_\_\_\_

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