



Recreational Registration/Waiver

17820 Englewood Dr. Suite 1 Middleburg Hts., OH 44130

www.x-tremegymnastics.com (440) 260-0470

Participant's Name (1): _____ Birthday: ____/____/____

Participant's Name (2): _____ Birthday: ____/____/____

Address: _____ City: _____ Zip: _____

Mothers Name: _____ Cell Phone: _____

Fathers Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Mothers Email: _____ Fathers Email: _____

Third Contact: _____ Cell Phone: _____

List any medical conditions we should be aware of: _____

REGISTRATION POLICY: Registration is recommended 2-3 weeks prior to the start of each session. All classes are first come, first serve, regardless of your current and/or prior enrollment. **Your tuition payment is due in full at the time of registration in order to reserve your spot in class.** Instructors will pass out a Progress Report Card and Certificate to each participant (in our gymnastics program) during week 4 of each session. Upon receiving the Progress Report Card and Certificate, it is recommended that you register for the following session in order to secure your spot in an available class per the participants' class assignment. Certificate of advancement must be shown to the front desk upon registration should the participant be recommended for a different class.

PAYMENT POLICY: X-treme Gymnasts accepts cash or check. All credit and debit transactions are subject to an additional 3% processing fee. A \$30 fee will apply to all returned checks.

REFUND AND INJURY POLICY: There are no refunds, transfers, roll overs, or credits for missed classes for any reason. Dropping from the class or program will result in the forfeit of fees that have already been paid to X-treme Gymnastics. If the participant obtains a serious injury that hinders them from participating in their current class, immediate notification and a copy of the doctor's note should be turned into the front desk. Upon notification and bring us the doctor's note, we would then be able to put a hold on the participant's classes until the participant is cleared. A copy of the clearance letter from a certified medical professional is required in order to return to class.

CANCELLATION AND MAKE UP POLICY: Should you be unable to attend one of your regularly scheduled classes, **you must inform X-treme Gymnastics a minimum of 24 hours prior to the scheduled class.** A make up class may then be rescheduled for another class day within the current session, pending current class availability. Missed classes or make up classes will not be rolled over into the next session. Class ratios are very important to us; therefore, a make up class will not be scheduled to a full class unless there is a cancellation. Each participant **may** receive **one** make up per session, pending current class availability. Informing us of your attendance is imperative to this scheduling process. Consequently, neglecting to follow X-treme Gymnastics' cancellation procedure as stated will result in the forfeit of the missed class and no make up class will be granted.

COMMUNICABLE INFECTIONS POLICY: Any open wound, such as cuts and blisters, along with any contagious infections, such as warts, athlete's foot, impetigo, ring worm, etc., must be securely kept covered prior to entering the facility and remain covered for the entire duration you are in the facility. If you are febrile, have pink eye, lice, etc. you are not permitted enter the facility and are to notify X-treme Gymnastics. These illnesses are all highly contagious. Participants who show up for class in this state will receive a call to go home to ensure the facility is safe for all other students, instructors and employees. It is the responsibility of the parent to make sure all contagious infections are covered and in the process of being treated by a medical professional.

RISK ACKNOWLEDGEMENT AND WAIVER OF LIABILITY: I hereby give consent for my child 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 other related activities. I understand it is the intent of X-treme Gymnastics to provide for the safety and protection of my child and have agreed to allow 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 my child. I agree to provide for any and all possible medical expenses which may occur as a result of any injury sustained at X-treme Gymnastics. I further agree not to bring any legal action against X-treme Gymnastics, its employees, instructors or owners. In case of emergency where I cannot be reached, I grant X-treme Gymnastics permission to seek medical attention on my child's behalf. I understand that X-treme Gymnastics is not responsible for any personal property lost, stolen or damaged in 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.

PHOTO RELEASE: I give permission that X-treme Gymnastics may use my child's name, photographs and/or video to advertise its programs and activities on their official website and social media accounts.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

