

Winthrop Gymnastics Academy
64 Putnam Street, Winthrop, MA 02152
(617) 846-7606
www.winthropgymnastics.com

REGISTRATION FORM

Please **PRINT**

| Child's Full Name | Age | Sex | Date of Birth | Class/Day/Time |
|-------------------|-------|-----|---------------|----------------|
| 1: _____ | _____ | ___ | _____ | _____ |
| 2: _____ | _____ | ___ | _____ | _____ |
| 3: _____ | _____ | ___ | _____ | _____ |
| 4: _____ | _____ | ___ | _____ | _____ |

Parent/Guardian's Full Name: _____

Street: _____ City/Town: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Parent/Guardian's Email: _____ **(REQUIRED)**

Emergency Contact (Name): _____

Emergency Tel #: () _____ Family Physician: _____

Please list any medical conditions or medication that we should be aware of:

*** All Students must also complete a "Credit Card Form"**

How did you hear about us?

Previously Enrolled _____; Word of Mouth _____; Birthday Party _____
Transcript _____; Lynn Item _____; Website _____;

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT “(AGREEMENT)”**

In consideration of participating in the Winthrop Gymnastics Academy Program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my 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 now 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 my participation in the activity.

I hereby release, discharge, and covenant not to sue the Winthrop Gymnastics Academy, 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, or anyone on my 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.

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any claim.

Date: ___/___/___

Printed name of Parent/or Legal Guardian

X _____
Signature of Parent/or Legal Guardian

Printed name of participant(s), Child

Class Payments

Class payments are due the **1st week** of each Session, but are not considered late until the 3rd week of the Session. You may pay by cash, check, or credit card. To ensure a timely payment, we are requiring that all class members have a credit card on file. If we do not receive your payment by the 3rd week of the session, your on-file credit card will be automatically charged. The 2nd week of the Session, you will receive an email reminding you that if your payment is not received by the 3rd week, your credit card will be charged.

I will pay by cash, check, or “in person” credit card by the 1st and no later than the 3rd week of each Session, however, I am providing my credit card information below for automatic charging if my payment is not received by the 3rd week.

Parent’s Signature: _____

Credit Card Type: _____

Name on Card: _____

Number: _____

Expiration Date: _____ Security Code: _____

Team Payments

Team payments are due on the **1st** of each month, but are not considered late until the **15th** of each month. You may pay by cash, check, or credit card. To ensure a timely payment, we are requiring that all team members have a credit card on file. If we do not receive your payment by the 15th of the month, your credit card will be automatically charged on the 16th. By the 8th of each month, you will receive an email reminding you that if your payment is not received by the 15th, your credit card will be charged on the 16th.

I will pay by cash, check, or “in person” credit card by the 1st and no later than the 15th of each month, however, I am providing my credit card information below for automatic charging if my payment is not received by the 15th.

Parent’s Signature: _____

Credit Card Type: _____

Name on Card: _____

Number: _____

Expiration Date: _____ Security Code: _____