



PARENT INFORMATION			
Mothers Name:	Fathers Name:	Last Name:	
Billing Address:			
City:	State:	ZIP Code:	
Home Phone #	Mothers Cell #	Fathers Cell #	
Email Address:			
EMERGENCY INFORMATION			
Primary Accident/Medical Insurance Carrier:			
Physician Name:		Phone #	
Emergency Contact:	Phone #	Relationship:	
Emergency Contact:	Phone #	Relationship:	
How Did You Hear About Us: Road Sign Google Bing Yahoo Other/Friend _____			
STUDENT # 1			
Name:	M/F:	Age:	DOB
Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event emergency medical attention is required (significant past injuries, allergies, fears, etc.)			
STUDENT # 2			
Name:	M/F:	Age:	DOB
Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event emergency medical attention is required (significant past injuries, allergies, fears, etc.)			
STUDENT # 3			
Name:	M/F:	Age:	DOB
Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event emergency medical attention is required (significant past injuries, allergies, fears, etc.)			

Please Complete and Sign Reverse Side

APA Release and Waiver

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

In consideration of A Plus Athletics LLC ("APA"). accepting me or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, competition meets, birthday parties, open gyms, field trips or any other activities connected with APA. I give my permission to APA and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of myself or my child while under the supervision of APA. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician, and/or other acting on behalf of the parent or family can be reached. Further, I hereby release and agree to hold harmless and to indemnify APA employees, owners, or volunteers from any claims, losses, or expenses incurred or on the behalf of me, my child or my child's family. Speaking for myself, or as a legal guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at APA.

I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date Signed: _____

Parent/Guardian Printed Name: _____

PLEASE INITIAL IN BOX

Credit card on file – Our bank keeps an encrypted copy of your credit card on file for tuition each month. We e-mail a bill each month on the 10th and then charge your credit card on the 20th.

Monthly Tuition - Our tuition is automatic every month you will get e-mailed a bill on the 10th. You may pay cash, check, or with another credit card before the 20th, any balance on the 20th will be automatically charged to a credit card you provide. All clients must have a credit card on file. A \$25.00 fee is charged on all returned checks

Drop Policy -You may drop before the 20th of the previous month by emailing or writing us that you will not be continuing. All tuition will continue to be due and payable to APA until the drop form is received. No refunds.

48 Classes Per Year - APA guarantees an average of 4 lessons per month over a 12 month period. APA has open enrollment year round for all classes. Each class is charged at a flat monthly fee. The fee reserves the student's place in the class whether attending or not. Therefore, there are *no refunds* for classes missed including scheduled holidays.

Class Makeup - Students who are currently enrolled and current on tuition payment may schedule 3 makeups per 12 month period for any reason. After the third makeup each additional makeup is \$10.00 per class. Makeup classes are subject to availability and counted whether attended or not.

Consent to Photograph and Media Release: I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at APA. or at a function sanctioned by APA. I hereby grant APA permission to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Parent/Guardian Signature: _____ Date Signed: _____