



TODAY'S DATE: _____

STUDENT INFO

FIRST: _____ LAST: _____ M / F Age: _____

BIRTH DATE: ___/___/___ CLASS DAY & TIME: _____

Please list any disabilities, allergies, medication, or special needs that would prevent him/her from participating in Gymnastics:

SECOND CHILD

FIRST: _____ LAST: _____ M / F Age: _____

BIRTH DATE: ___/___/___ CLASS DAY & TIME: _____

Please list any disabilities, allergies, medication, or special needs that would prevent him/her from participating in Gymnastics:

PARENT / GUARDIAN INFO

1. FIRST NAME: _____ LAST: _____

Relationship to child(ren): _____ Cell Number: _____ Home Number: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ (For billing and information, not shared)

2. FIRST NAME: _____ LAST: _____

Relationship to child(ren): _____ Cell Number: _____ Home Number: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ (For billing and information, not shared)

How did you hear about J.A.Gymnastics:

WAIVER / RELEASE

- I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation with Johns Academy of Gymnastics, LLC or under our supervision.
- I understand that John's Academy of Gymnastics, LLC is also known, used and advertised as J.A.Gymnastics or J.A.G.
- I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily registering my child(ren) to participate in the activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release John's Academy of Gymnastics, LLC its affiliates, agents, volunteers, owners and employees from any liability for accidents that occur or are incurred while participating with John's Academy of Gymnastics, LLC.
- I understand John's Academy of Gymnastics, LLC retains the right to use any photographs, videotapes, motion pictures recordings or any other record of this event for publicity, advertising or any legitimate purpose.
- I furthermore understand and have fully read and accept John's Academy of Gymnastics, LLC policies listed below (parent policy, attire policy, gym holiday "vacation dates" policy, inclement weather closing policy, make-up policy, and the tuition agreement & payment policy).

I HAVE READ THE ATTACHED AGREEMENT & WAIVER/RELEASE AND SIGN IT VOLUNTARILY.

▶ **Parent/Guardian Signature:** _____ **Date:** ___/___/___

PARENT POLICY:

- No Parents/Guardian allowed on the floor at any time for any reason, ever. (Other than in a “Parent & Child Class”).
- If you have any questions or concerns, please speak with the instructor after class.
- Parents are responsible for their child/children in the waiting area. You MUST walk your child into the facility from your car and wait until they step out onto the floor before leaving the building.
- Once you have scheduled a class for the session, that spot is saved for your child, no changes will be accepted.

ATTIRE POLICY:

- No jeans, pants with zippers, buttons, buckles, or snaps. No baggy sweat pants, or pants past the ankles.
- Hair must be tied up with a pony tail holder.

GYM HOLIDAY “VACATION DATES” POLICY:

- Holiday or “Vacation Dates” are posted on the Jagymnastics.com Website. Parents should schedule a make-up if the vacation date falls on their class day.
- Open Gym can be used as a make-up class.
- **Make-ups must be scheduled before the last day of the session.**

INCLEMENT WEATHER CLOSING POLICY:

- If we are closed, due to inclement weather there will be a message on our website, Facebook, or answering machine stating “WE ARE CLOSED DUE TO INCLEMENT WEATHER”, one hour prior to the class time.
- Call the office to reschedule the Class
- Make-ups must be scheduled before the last day of the session.

MAKE UP POLICY:

- Students are allowed 2 make-ups per session not subject to any holiday or inclement weather closing.
- All scheduled make-ups must be attended. If you cannot attend a scheduled make-up, please call to cancel and reschedule.
- If you do not attend or call to cancel a scheduled make-up it goes to count as one of your 2 make-up classes.
- Make-ups must be scheduled before the last day of the session.

TUITION AGREEMENT & PAYMENT POLICY:

- All Payments must be paid in full the first class of each session
- **I further understand that if tuition is not paid before the first class of each session a \$20 late fee will be added to the balance of my account. We do not mail bills or do billing.**
- If you sign up for a class while a session is in progress, your registration/tuition fee will be pro-rated.
- J.A.G. accepts cash, check, M/C, Visa, and American Express. We cannot process Discover cards at this time.
- There are no refunds after your credit-debit card has been charged.
- Cancellations once a session has begun are non-refundable.

*******KEEP THIS PAGE FOR YOUR RECORDS*******

