



REGISTRATION FORM

* Please complete this form and return along with your payment. Make your checks payable to Champions United Gymnastics Academy or CUGA

Student First Name _____ Student Last Name _____

Birthday mm/dd/year _____ Age _____ Gender _____

Home Address _____ City _____ Zip _____

Phone _____ Email _____

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

If Emergency, contact _____ Phone _____

Student's Previous Experience _____

Medical Problems, if any: _____

How did you hear about us: _____ **Write 2 OPTIONS for class; Day and Time:** _____

TUITION POLICIES

ANNUAL REGISTRATION & INSURANCE FEE of \$45.00 per child or \$65.00 per family is non-refundable, paid along with first session tuition. **SECURITY DEPOSITE** of \$35 can be used toward your **last session** or refunded with a minimum of **2 weeks notice**.

TUITION FEE for one session is due on the **FIRST** day of each session. Prepaid sessions are non refundable. A late fee of \$10 will be added, if the tuition is not received by the first week of each session. A fee of \$29.00 will be charged for any returned checks.

MAKE-UP CLASSES

I understand that missed classes can be made up during the current session. No makeup classes past the end of the session for classes missed. Make ups can only be used if the student is fully paid and registered for that session. There is a limit of two (2) make ups per session. Make ups must be scheduled through the office. Under no circumstances make up can be transferred to other students, and refund or credit be applied.

MEDICAL RELEASE

I hereby state that the above named applicant has no physical or mental conditions that prohibit full vigorous participation in gymnastics. I also understand that it is my responsibility to inform Champions United Gymnastics Academy Inc. (CUGA) in writing of any physical or mental conditions that the staff should be aware of in dealing with enrollee during activities and/or in case of emergency. Staff accepts no liability for failure to inform them of any conditions or limitations. I am fully aware of and understand the risk, including the risk of catastrophic injury, paralysis, and even death, as well as other losses associated with participation in gymnastics program. I understand that the above conditions and risk, and enroll the above named person at his/her/my own risk. I hereby indemnify and hold CUGA Inc. its officers, directors, employees, agents, representatives, successors, and/or assigns, harmless from and against any and all risk and liability assumed by or on behalf of the student, excepting them from acts of gross negligence by CUGA's Staff. I understand that CUGA Inc. is not liable for personal injuries to the applicants family members and their guests as they use the facility at their own risk.

RULES AND REGULATIONS

CUGA Inc. reserves the right to make changes to its Rules and Regulations whenever it is necessary for safety purposes or other good cause. CUGA Inc. reserves the right to revoke membership of any member in case of disruptive behavior or a delinquent attitude of a member or his/her family or friends while on the premises or surrounding grounds.

I do hereby verify that I understand and accept each of the above policies and conditions.

Signature of Parent, Guardian or Participant (if over 18) _____ Date _____