**SMOKY MOUNTAIN GYMNASTICS REGISTRATION/RELEASE & WAIVER FORM**  Day & Date of First Free Class: M T W R F \_\_\_/\_\_\_/20\_\_\_\_ Time:\_\_\_:\_\_\_\_am/pm

**Parent or Guardian Information:** Mother’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone:\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Place & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone:\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Place & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_

How are you related to the student(s): Parents Guardians Grandparents Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone else have permission to pick up your children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Membership Information:**

1. Student’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_/\_\_\_/\_\_\_\_\_\_\_ Age:\_\_\_\_ (M)\_\_(F)\_\_Grade\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any allergies, health conditions or past injuries we should be aware of? \_\_NO \_\_YES Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the above-named student wear eyeglasses, contacts, hearing aids or dental appliances? \_\_NO \_\_YES Should they be worn during class and please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the above-named student have any physical conditions we should be aware of? \_\_NO \_\_YES Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Student’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_/\_\_\_/\_\_\_\_\_\_\_ Age:\_\_\_\_ (M)\_\_(F)\_\_Grade\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any allergies or health conditions we should be aware of? \_\_NO \_\_YES Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the above-named student wear eyeglasses, contacts, hearing aids or dental appliances? \_\_NO \_\_YES Should they be worn during class and please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the above-named student have any physical conditions we should be aware of? \_\_NO \_\_YES Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the above-named student(s) covered by your personal accident insurance? \_\_\_\_\_\_\_\_. If yes, please indicate the insurance company. Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physicians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Our student accident policy is secondary to each parent’s primary policy. **2019 - 2020 SMOKY MOUNTAIN GYMNASTICS – RELEASE & WAIVER FORM Release of Liability Waiver: FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTIC ACTIVITY:** By the very nature of the activity, gymnastics & cheerleading carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries includes minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Gymnastics & cheerleading, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Smoky Mountain Gymnastics/Perpetual is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Smoky Mountain Gymnastics/Perpetual or cheerleading programs (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. These rules are posted inside and outside the gymnasium, and a copy is sent with every confirmation letter. In consideration for Smoky Mountain Gymnastics/Perpetual and cheerleading program acceptance of the applicant, and in consideration of the applicant’s opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below. I hereby grant to Smoky Mountain Gymnastics/Perpetual Motion and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Smoky Mountain Gymnastics/Perpetual and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos. **Registration:** is accepted by PDF email, fax, USPS mail, or in person. \*Classes must be paid in full to hold your space in the classes of your choice. \*No child will be permitted in class without full payment and a signed registration form. Monthly payments can be made through Electric Funds Transfer from your checking account, or by check or credit/debit card. \*You may register for a class any time during the month. The fee will be prorated for the following months tuition payment. Please read the tuition and enrollment policies carefully. There is a $25 charge issued on each check returned from the bank for any reason. **Refund Policy:** Smoky Mountain Gymnastics has a “one month” satisfaction guarantee. The total tuition payment for the “first” 4 weeks of classes will be refunded if customer satisfaction is not met. A signed “request for refund” form must be presented to the instructor before or on the day of the 4th class. No refunds will be issued “after” the fourth class. The registration fee is applied to immediate expenses before children step into the gym, therefore, this fee is non-refundable. We can not issue refunds or credits for missed classes. Each spot in the class insures that the instructor and expenses for that class are met. Prices are set by the spot reserved, not by the actual attendance.  **Make-up policy:** We have a “no make-up” policy at Smoky Mountain Gymnastics to ensure that each class will not be disrupted or over loaded. The instructor of a class may override this policy if adequate room is available. There are no credits or refunds for missed classes. Limited to one makeup per 4-week session if available.  **General Policies:** Every child under the age of 3 years must be accompanied by a parent or caregiver. Baby siblings are not permitted in the class with the parent or caregiver. Twins must have 2 participating **adults. Parents (other than mommy and me classes), guests, and siblings are not permitted in the gym during the scheduled child’s class for any reason. This is an insurance regulation. Guests, siblings and parents must wait in the waiting room area.** \*Fees and class schedules subject to change without notice. All collection costs will be charged to any past due account. Also, interest charges of 2% per month will also be added until obligations are met. **Late Payment Fee:** SMG Tuition is due by the 25th of each month preceding the month of classes. A $10 late fee is charged by the computer on the 10th day of the month for “each” past due class tuition. **Withdrawal Policy:** Any child may withdraw or transfer from any “class” with a signed “withdrawal/transfer form”. Perpetual Motion requires a 30 day “written, withdrawal notice”. This form must be signed by both the parent and any Perpetual Motion staff member with a verification copy going to each. Please note the day of notification and the day of the final class on the form. Tuition, by this signed contract above, will be due during the 4-week notification period. We do hope your child will attend his last four classes before his/her withdrawal date. An automatic notice is put in after the four non-notice class absences. This means eight weeks of classes are due and payable to any parent who leaves the program without proper notice. No parent will be charged for more than eight consecutive absences. Smoky Mountain Gymnastics staff must know who is attending each class. **I have read the Release & waiver form, I also understand all policies, procedures, & tuition payment options.**  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident or sickness occur in my absence. YES\_\_\_ NO\_\_\_**

**MONTHLY 2019-2020 SMOKY MOUNTAIN GYMNASTICS – TUITION & POLICIES** PAYMENT OPTIONS: Monthly tuition is figured on an exact 4-week session. Parents have 2 payment options

|  |  |  |  |
| --- | --- | --- | --- |
| **Monthly Bank Auto(void check) - Save $4 per month** | **Tuition** | **Additional Classes / Child** | **Tuition** |
| Monthly auto pay – 1st class/child - 45-55 min. Class | $60/mon | Auto pay each additional class/child  | **$48/mon** |
| **Monthly Non-Bank Auto Pay – Cash/Check/Debit** | **Tuition** | **Additional Classes / Child** | **Tuition** |
| Monthly auto pay – 1st class/child - 45-55 min. Class | $64/mon | Non-Auto pay each additional class/child  | $48/mon |
| **Registration Fee** | **Fee** | **Additional Children** | **Fee** |
| Annual membership fee is due in August or at the time of enrollment. This is a non-refundable fee. Fee will be discounted May-July. Sign up on the day of your FREE class & receive $20 off your Registration Fee.  | $50Family Fee | No charge for additional children | N/A |
| **Monthly Session Dates:** |
| Aug. 8/4-8/31 | Sept. 9/1-9/28 | Oct. 9/29-11/02 | Nov. 11/03-11/30 | Dec. 12/01 – 1/04 | Jan. 1/5-2/1 | Feb. 2/2-2/29 | March 3/1-4/4 |
| April 4/5-5/2 | May 5/3-5/30 | June 5/31-6/27 | July 6/28-8/1 | **SMG is closed the following Days:** August 31 & Sept. 2 / Oct. 7-12 / Oct. 31 / Nov. 28-30 / Dec. 23-28 / Jan. 1 / April 10 & 11 / March 16-21 / May 23 & 25  |

**PLEASE FILL OUT THE FOLLOWING TO ENROLL IN CLASSES AT SMG.** The Registration Fee and the first month’s payment is due at the time of enrollment. Sign up during your FREE class and receive $20 off your Registration Fee. First Month only will be discounted if you start in the middle of the month. You will be charged $16 per week for your first child/class and $12 per week for your second child/class or more. 1. Pay each 4 week session by bank draft (EFT only) from your checking account - $4 discount per draft: Y / N 2. Pay each 4 week session before the 1st of each monthly by cash, check, or credit - not discounted: Y / N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Class** | **Day** | **Time** | **Start Date**  | **Age** | **Monthly Fee** |
| 1. |  |  |  |  |  | $64 / $60  |
| 2. |  |  |  |  |  | $48  |
| 3. |  |  |  |  |  | $48  |

|  |  |
| --- | --- |
| **FIRST MONTHS TUITION & REG. FEE - ONLY**First Months Total Tuition: $ \_\_\_\_\_\_\_\_\_\_\_\_Registration Fee: $50/family or Discount: $\_\_\_\_\_\_\_\_\_Total Amount Due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Month payment: Cash / Check / Card / EFT**To pay EFT - please attach a VOID check for payments**  | **MONTHLY TUITION**Monthly Tuition 1st class/child: $ \_\_\_\_\_\_\_\_\_\_\_\_Monthly Tuition 2nd class/child: $\_\_\_\_\_\_\_\_\_\_Additional class/child: $\_\_\_\_\_\_\_\_\_Total Amount Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly payment: Cash / Check / Card / EFT |

Card Number: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Visa / MasterCard / Discovery

Card mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_/20\_\_\_\_ Total Amount Charged Monthly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge Card Monthly: Y / N

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please make checks payable to Perpetual Motion:** Submitting this application with payment for classes acknowledges your acceptance of all payment, refund and insurance policies at Smoky Mountain Gymnastics/Perpetual Motion.