



7984 S. Welby Park Dr.#102, West Jordan, UT 84088 * (801) 282-1330 phone

ACADEMY WEST REGISTRATION FORM

Parent (Guardian) Name _____

Address Street _____ City _____ Zip code _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Work Phone _____ Employer _____ Address _____

Spouse WorkPhone _____ Employer _____ Address _____

Medical Dr. _____ Ph # _____ Medical Ins Co. _____

If parents can't be reached call (name) _____ Ph _____ Cell _____

Who referred you to Academy West?(So we can thank them!) _____

Have you ever been a student at Academy West? Yes No If yes, what class? _____

| Student Name | | Student Name | | For Office Only |
|---------------------|-----|---------------------|-----|-----------------|
| Birthdate | Age | Birthdate | Age | Trial Date: |
| Class Day | | Class Day | | Trial Class: |
| Time | | Time | | Reg. Fee: \$ |
| Level | | Level | | Class Fee: \$ |
| Previous experience | | Previous experience | | Total Owing: \$ |
| Restrictions? | | Restrictions? | | |

WARNING!! By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk can NOT be eliminated. The risk of injury includes minor injuries such as bruises and blisters 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.

WAIVER!! This waiver includes gymnastics, tumbling, dance, and cheer classes, private lessons, open gym, meets, shows, clinics, sleepovers, parties, and any and all activities at Academy West. I am fully aware that there are risks involved with the participation in the activities at Academy West. I also have read and I understand the rules and policies of Academy West, Inc.

TERMS/CONDITIONS! All delinquent accounts will be charged an interest rate of 1.5%per month (18% annum). In the event any balance is not paid as agreed, the undersigned agrees to pay a collection fee equal to 40% of the unpaid balance in addition to the unpaid balance. In the event of a lawsuit to collect the unpaid balance, the undersigned further agrees to pay court costs and reasonable attorney's fees. By signing this form I agree with all of the rules, policies, terms and conditions of Academy West, Inc.

Parent Signature _____ SS# _____ Date _____

Email address (Please print legibly) monthly newsletter _____

Card type: _____ Card Number: _____ Expiration: _____

I understand that there is a late fee if I don't pay BEFORE the first day of the next month (or if my card doesn't go through on the 1st). _____
(Parent initial)