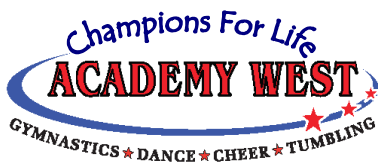


# ACADEMY WEST REGISTRATION FORM

(Please print legibly)



OFFICE USE ONLY:	
Reg fee \$ _____	Trial class _____
Class fee \$ _____	Trial date _____
TOTAL OWING \$ _____	

Mother's name \_\_\_\_\_

Cell # \_\_\_\_\_

Home# \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_

(City) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Place of employment \_\_\_\_\_

Father's name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

(City) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Place of employment \_\_\_\_\_

How did you hear about us: If word of mouth, who referred you? \_\_\_\_\_

Dr's name \_\_\_\_\_ Ph # \_\_\_\_\_

1. Student Name \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Ever been a student at AW? (Y or N) \_\_\_\_\_ What class \_\_\_\_\_

Additional or medical information to be aware of? (Y or N) \_\_\_\_\_

Explain \_\_\_\_\_

2. Student Name \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Ever been a student at AW? (Y or N) \_\_\_\_\_ What class \_\_\_\_\_

Additional or medical information to be aware of? (Y or N) \_\_\_\_\_

Explain \_\_\_\_\_

\*\* Academy West is not a licensed child care\*\*

Emergency contact information (other than parent)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Best # to be reached \_\_\_\_\_

## PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING:

**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. \_\_\_\_\_ Initial

**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 I UNDERSTAND AND ACCEPT THE RISK.

Therefore, in consideration for allowing my child to use the Academy West, Inc. facility and equipment, I hereby forever release Academy West, Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child as a result of any injury sustained while at or under the direction of Academy West, Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent. \_\_\_\_\_ Initial

**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. \_\_\_\_\_ Initial

I understand that it is my responsibility to review all of the rules and policies of Academy West from time to time. \_\_\_\_\_ Initial

I authorize the staff of Academy West to act for me according to their best judgment in any emergency or medical situation. \_\_\_\_\_ Initial

I understand that Academy West retains the rights to the use of any photos or videos taken for use in publicity, advertising and any legitimate business purpose at no additional cost or commissions. \_\_\_\_\_ Initial

Parent/Guardian Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Email address (Please print legibly. A monthly calendar will be sent to you) \_\_\_\_\_

Card type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize the above card to be used for registration fees, membership fees, class fees, team fees, recital fees or any additional fees charged by Academy West. \_\_\_\_\_ Initial Class fees may be taken on the 20<sup>th</sup> of the previous month \_\_\_\_\_ or on the 1<sup>st</sup> day of the new month \_\_\_\_\_ Mark one.