

# 2017-2018 **New Vision Training Center Registration and Health Form**

**Students Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

## **Responsible Party, Parents or Guardian:**

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Father's Cell** \_\_\_\_\_ **Mother's Cell** \_\_\_\_\_

**Emergency (other than parent) Name** \_\_\_\_\_ **#** \_\_\_\_\_

**E-mail Address (print neatly)** \_\_\_\_\_

## **Membership Agreement**

Initial  
□

**Tuition:** I understand that tuition is monthly and based on a four week month, and I agree to pay tuition at the first class of each month. Non-payment of tuition after the second week of each month will result in an additional \$5.00 late fee. (Arrangements can be made for payments)

**Make up Classes:** I understand that no credits or refunds will be given for missed classes. See the make-up policy regarding make-ups.

**When Dropping Class:** I agree a 2 week notice to the office in writing in order to terminate class.

I agree to pay all tuition due for that 2 week period or any outstanding balance.

## **Media Release**

Initial  
□

**New Vision Gymnastics may take pictures and/or video during class. These pictures and/or video will be used for media/advertising purposes only. If you would like to opt out of the Media Release please fill out and return the form located at the front desk.**

## **Club Waiver and Release**

We the staff of New Vision Gymnastics II Inc recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, swimming and dance. While safety is our number one priority, students may suffer injury, possibly minor, serious or catastrophic in nature. It must be recognized that any sport involving height and motion can lead to injury.

New Vision Gymnastics II Inc, its coaches and its staff members are not liable for injuries sustained by students or spectators during the course of, or in the transportation to or from, any of its programs. This includes classes, exhibitions, competitions, or clinics. With this in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by New Vision Gymnastics II Inc. I, my executors or other representatives, waive and release all claims that my child or I may have against New Vision Gymnastics II Inc and its representatives whether paid or volunteer.

I, being the parent or legal guardian of the above child, have read and understand the above waiver and Membership Agreement and give my permission of emergency medical treatment to be provided for my child should I not be available.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Does your child have any medical issues that we should be aware of such as asthma?

Please list or write on back of this form \_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_ Medicaid \_\_\_\_\_

**As Parent or Guardian or Grandparent** I acknowledge that gymnastics is a strenuous physical sport and I certify that my child is in good health and physical condition and is fully able to participate in the program at New Vision Gymnastics II Inc. I further understand that I am financially responsible for all medical treatment.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **For Office Use Only**

**Class** \_\_\_\_\_ **Membership Fee** \_\_\_\_\_ **Tuition** \_\_\_\_\_

**Total Amount Due** \_\_\_\_\_ **Total Paid** \_\_\_\_\_ **Balance** \_\_\_\_\_