



Gymnastics

Training Center

ENROLLMENT FORM

HOW DID YOU HEAR ABOUT US?

- Friend
- Previous Student
- Advertisement
- Theater
- Perfect 10 Party
- Yellow Pages
- Other
- Sign

Student's Name (s). First & Last.	(Circle) Male or Female	Age	Date of Birth	(Circle) Does your child have any allergy and/or medical condition that could be adversely affected by exercise? If yes, please explain.
	M F		/ /	Yes / No
	M F		/ /	Yes / No
	M F		/ /	Yes / No
	M F		/ /	Yes / No

Contact Information

Mother: First _____ Last _____ Father: First _____ Last _____

Street Address: _____ City: _____ Zip: _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address : _____

Emergency Contact

Name: _____ Home Phone: _____ Cell Phone: _____

SPECIFY ANY SPECIAL HEALTH PROBLEMS (ALLERGIES, VISION, ASTHMA, DIABETES, ETC.) _____

Perfect 10 Gymnastics Training Center

(Initial) _____ I have received the Perfect 10 Gym Rules and Polices and will go over them with my child.
(Initial) _____ I understand that Tuition is due on or before the 1st of the month, and a late fee of \$5.00 will be charged after the 10th.
(Initial) _____ I grant to Perfect 10 Gymnastics, its representatives and employees the right to take photographs of my son/daughter. I authorize Perfect 10 Gymnastics, its assigns and transferees to copyright, use and publish the same in print and /or electronically. I agree that Perfect 10 Gymnastics may use such photographs of my son/daughter with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR

The undersigned as a parent or legal guardian of the child registered on this form, hereby authorizes Perfect 10 and it's delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Perfect 10 will endeavor, but is not required to communicate with me prior to such treatment. The undersigned further agrees that Perfect 10 and its delegated leaders and directors are not legally or financially liable for any or advised treatment. This authorization and consent releases Perfect 10 of liability. This authorization and consent to treatment of minor is given in good faith in connection with any authorized event, and shall remain effective until revoked in writing and delivered to authorized Perfect 10 representative (s).

Signed _____ Date _____

Medical Insurance Co. _____ Policy # _____

PARENT / GUARDIAN WAIVER AND RELEASE FORM

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving various sports, coordination events, fitness training, gymnastics and cheerleading activities which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Student's Name (s): _____

Parent or Guardian Signature: _____ Date: _____

PERFECT 10 GYMNASTICS TRAINING CENTER
GYM RULES AND POLICIES—Gymnastics program
20617 Santa Lucia Street, Tehachapi, CA. 93561
(661) 822-7179. Perfect10gymnastics.com

STUDENT(S) NAME (S)

DRESS CODE:

GIRLS: (Any combination of the following) Leotard, bike shorts, bike pants, tights without feet, Above ankle bike pant, T-shirt tucked in with bike shorts or bike pants. No zippers, snaps or buttons. No socks or shoes on gym floor.

BOYS: Shirt tucked in, elastic waist shorts or sweats. No zippers, snaps or buttons. No socks or shoes on gym floor.

MONTHLY TUITION:

Tuition is due on or before the 1st of the month, and late after the 10th. If you need to make payment arrangements, we will attempt to work around the family budget. Enrollment is on a continuous basis. You are responsible for payment of any tuition up until the time that we are notified of any change. Monthly tuition is based on 4 classes per month, however, some months will have 5 classes, and other months will have 3 classes if we are closed for a holiday or event. Your tuition for the month holds your spot in class whether you are in attendance or not.

ANNUAL REGISTRATION:

This fee is due upon your enrollment and due again every 12 months after that. **THIS FEE IS NON REFUNDABLE.**

MAKE-UP POLICY:

Please let us know before class if your child will be absent. No credit is given for missed classes. As a courtesy, you may schedule one make-up class per month upon availability. You must be currently enrolled and tuition paid in full for the current month to do a make-up class.

*See office for Level 4 and up make-up policy.

SAFETY:

Food, drinks, candy, gum, and jewelry are not allowed on the gym floor. No child is allowed on the gym floor unless it is their scheduled class time. We appreciate parents help in keeping siblings off of the gym floor as this is a safety hazard. Children must remain in the gym until a parent or guardian picks them up. If someone other than the normal ride is picking your child up, please notify the office.

Parent or Guardian Signature

Date