



2017-2018 FAMILY REGISTRATION

Mom's Last: _____ First: _____ Dad's Last: _____ First: _____

Child's First Name: _____ Age: _____ Birthday: _____ School: _____

Child's First Name: _____ Age: _____ Birthday: _____ School: _____

Child's First Name: _____ Age: _____ Birthday: _____ School: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Phone Number: _____ E-Mail: _____

Father's Occupation: _____ Work #: _____ Cell #: _____ Texting Y or N

Mother's Occupation: _____ Work #: _____ Cell #: _____ Texting Y or N

Emergency Contact (if unable to reach parents): _____ Phone #: _____

Important Medical Information (Asthma, ADHD, etc.): _____

Any Known Allergies? (Food, Bee Stings, Nuts, etc.): _____

How Did You Hear About Us? (Drive-by, Ad, Friend, etc.): _____

<p style="text-align: center;"><u>Tuition</u></p> <p>Monthly tuition is due by the 1st of the month. Payment is expected on time and will reserve your child a space in their class. If you do not plan on continuing into the next month, please communicate with the Front Desk prior to your last class. You will be charged for classes unattended if we do not receive communication at the front desk, by phone or by email.</p> <p>ACG accepts Cash, Check, Visa, Master Card and Discover. ACG has an auto pay program that will save you money every month. You can manage your account online through our secured website.</p> <p style="text-align: center;"><u>Payment Options</u></p> <p><u>Auto Pay Option</u> Sign up to have your monthly tuition automatically charged to your credit card, by the 20th of the previous month, and save 10% off of each months total tuition.</p> <p style="text-align: center;"><u>Late Fee</u></p> <p>A \$20.00 late fee will be charged on the 5th for any balance from the previous month not paid in full. Repeated late payments will require enrollment in the auto pay program</p> <p style="text-align: center;"><u>Returned Check Fee</u></p> <p>A \$25.00 fee will be charged on all returned checks.</p>	<p style="text-align: center;"><u>Multi-Class Discount</u></p> <p>Receive a 15% discount off your child's second, less expensive class when you sign up for multiple classes.</p> <p style="text-align: center;"><u>Family Member Discount</u></p> <p>Receive a 15% discount off your second, less expensive child's monthly tuition when two or more children are enrolled in monthly programs.</p> <p style="text-align: center;"><u>Make-Ups</u></p> <p>In the event a student is unable to attend a class and the Front Desk is notified prior to class time, the student will be allowed to make-up the class if they are currently enrolled and account is current.</p> <p style="text-align: center;"><u>Refunds</u></p> <p>There is a 100% money-back guarantee after the first class if you let us know that you do not wish to return. This must be done the same day of participation. Membership fees, Make-ups and Missed classes may not be used to pro-rate tuition or for monetary refunds. There are no refunds on pre paid months.</p>
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Release and Waiver of Liability, Assumption of Risk, And Indemnity Agreement ("Agreement"):

In consideration of participating in any activity under ACG Inc., I(we) represent that I(we) understand the nature of this activity and that I(we) am(are) qualified, in good health, and in proper physical condition to participate in such activity. I(we) acknowledge that if I(we) believe event conditions are unsafe, I(we) will immediately discontinue participation in the activity.

I(we) fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and I(we) fully accept and assume all such risks and all responsibility for losses, cost, and damages I(we) incur as a result of my participation in the activity.

I(we) hereby release, discharge, and covenant not to sue ACG, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claim, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releaseses" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I(we), or anyone on my behalf, makes a claim against any of the Releasees. I(we) will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I(we) have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I(we) have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Medical Release:
I consent to first aid and emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child could sustain while participating in this program.
I understand that I am responsible for any and all medical expenses that may be incurred, including emergency medical transport, as a result of any accident or illness while participating in an ACG program.
I give permission to ACG to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child or me for medical care.

Off Site Release:
I give permission for ACG to provide transportation for my child or me to participate in programs conducted outside the ACG Gymnastics facility, when applicable.

Publicity Release:
I agree to allow the use of my or my child's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and any other media as deemed useful by ACG Gymnastics, for marketing or promotional purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Signature of Parent, Guardian or Participant 18 or over _____ **Date** _____



6360 Sunshine Street
 Coeur d Alene ID 83815
 Phone 772-9443

MEDICAL AND/OR ALLERGY FORM

(PLEASE BRING A COPY OF IMMUNIZATIONS)

Name

One Form per child Please

Emergency Contact Information

Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Emergency Contact #3: _____	Phone: _____

Medical History- What Should We Know?

Medical Condition(s) Explanation

Actions That Need to be Taken

Allergy Condition(s) Explanation

Actions That Need to be Taken



WHO CAN OR CAN'T PICK UP YOUR CHILD?

Print Full Name	Can	Can't	Association to Child