

REGISTRATION FORM

Please completely fill in both sides and be sure to notify us of any phone number or address changes.



Today's Date _____

STUDENT INFORMATION

First Name _____ Last Name _____ **M F**
 Street Address _____
 City, State, Zip _____
 Home Phone _____ Age _____ Birthdate _____
 Allergies & Medical Conditions _____
 Legal/Custody Issues _____
 Additional Info _____

CONTACT INFORMATION

***AT LEAST ONE EMAIL ADDRESS IS REQUIRED**

MOM'S NAME _____ Home Phone _____
 Occupation _____
 Cell Phone _____ Work Phone _____ *Email _____
DAD'S NAME _____ Home Phone _____
 Occupation _____
 Cell Phone _____ Work Phone _____ *Email _____

BILLING INFORMATION (If different from above)

Mr. Ms. M/M _____ Last Name _____
 Street Address _____
 City, State, Zip _____

Emergency Information (someone to contact if parents cannot be reached)

First Name _____ Last Name _____
 Home Phone _____ Cell Phone _____

Referral Source	Location	Referral/Friend (Please name) _____	Internet/Google
OGA Website	OGA Birthday	AT&T Yellow Pages	Field Trip
Change Gyms	School Booklet	Postcard	Mom's Club/Homeschool
Other (please list) _____			

OFFICE USE ONLY

Amount Due: \$ _____ EF
 Free Trial Date _____ \$ _____ Current Month
 Start or Restart Date _____ \$ _____ Other
 Class _____ \$ _____ **TOTAL**

Staff Initials

PLEASE COMPLETE
OTHER SIDE



Secondary Excess Coverage

Olympica Gymnastics Academy group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parents' separate or employees' dependent group insurance. This secondary excess medical insurance coverage has a \$100 deductible which Olympica Gymnastics Academy DOES NOT PAY in the event of an accident.

Permission Slip

I give permission for my child _____ to attend Olympica Gymnastics Academy. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Date

Signature of Parent, Legal Guardian or Adult Participant

Please Initial:

_____ **Child's Safety:** I understand that I am responsible for my child's behavior and safety while on the premises of Olympica Gymnastics Academy including parking lots, restrooms, waiting areas, etc.

_____ **Registration Fee:** I understand that there is an annual registration fee of \$40.00.

_____ **Tuition:** I understand that tuition is due on the 1st day of every month. If payment is received after the 15th of the month, a \$15.00 late fee will be assessed. There is a \$25.00 charge for all checks returned by the bank. My child will not be allowed to take classes if our bill is more than 30 days past due. I understand that the tuition is billed according to the number of weeks in that month.

_____ **Missed Classes & Make-ups:** I have read and understand the make-up policy. I understand there is no credit or refund given for missed classes and that make-ups must be taken during enrollment.

_____ **Dropped Classes:** I understand that a two (2) week notice is required before dropping the program.

_____ **Photos:** I understand that photos taken during class may be used for marketing purposes, etc.

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____

I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against Olympica Gymnastics, its owner, operators, coaches and other members, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of Olympica Gymnastics.

Date

Signature of Parent, Legal Guardian or Adult Participant