



2018 FALL RECREATIONAL REGISTRATION FORM

GUARDIANS				
PRIMARY- FIRST NAME	LAST NAME	RELATIONSHIP		
SECONDARY- FIRST NAME	LAST NAME	RELATIONSHIP		
PHONE NUMBERS				
	HOME			
MOM DAD OTHER _____				
PRIMARY PHONE NUMBER	CELL	TEXTING – YES OR NO		
MOM DAD OTHER _____				
SECONDARY PHONE NUMBER	CELL	TEXTING – YES OR NO		
TEXT MESSAGING DISCLAIMER				
I UNDERSTAND THAT TEXT MESSAGING IS A FREE SERVICE PROVIDED BY REFLEX GYMNASTICS/CHEER ACADEMY AND THAT ANY TEXT MESSAGES SENT ARE SUBJECT TO STANDARD TEXT MESSAGING RATES DETERMINED BY MY MOBILE PHONE CARRIER. REFLEX GYMNASTICS/CHEER ACADEMY IS NOT RESPONSIBLE FOR TEXT MESSAGING CHARGES RECEIVED BY MY MOBILE CARRIER. I AM AWARE THAT STANDARD TEXT MESSAGING RATES MAY APPLY AND THAT TEXTING CHARGES CAN FLUCTUATE INTERNATIONALLY.				
I AGREE TO RECEIVE TEXT MESSAGES	SIGN:	DATE:		
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BILLING ADDRESS				
STREET	P.O. BOX/APT #	CITY	ZIP	
EMAIL ADDRESS				
PRIMARY MOM DAD OTHER _____	SECONDARY MOM DAD OTHER _____			
HOW DID YOU HEAR ABOUT US?				
AD/COUPON REFERRAL WEBSITE INTERNET SEARCH YELLOW PAGES OTHER _____				
STUDENT INFORMATION				
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES

REFLEX THE PEARLAND GYMNASTICS ACADEMY TERMS & CONDITIONS

PLEASE READ AND INITIAL EACH POLICY	INITIAL HERE
<u>REGISTRATION FEES</u> - are due at the time of registration and are valid until August 20, 2019. \$45.00 Max Family Registration Fee	
<u>PAYMENT PLANS</u> – A CREDIT CARD ON FILE AT THE FRONT DESK IS REQUIRED TO ENTER INTO A PAYMENT PLAN AGREEMENT. Please contact the front desk if other arrangements need to be made.	
<u>REFUNDS</u> – Absolutely NO REFUNDS!!	
<u>GIRLS GYMNASTICS CLASS ATTIRE</u> – leotards, soft shorts optional (no zippers or buckles), no socks, hair must be pulled out of the face. <u>BOYS GYMNASTICS CLASS ATTIRE</u> - soft t-shirt & shorts (no zippers or buckles), no socks <u>TUMBLING CLASS ATTIRE</u> - soft t-shirt & shorts (no zippers or buckles), socks & tennis shoes, hair must be pulled out of the face	
<u>LOW ATTENDANCE</u> – classes with 2 or less students in attendance for the day will end 10 minutes early.	
<u>PHOTO RELEASE</u> – I grant REFLEX The Pearland Gymnastics Academy, its licensees, its successors and those acting with its permission to use my child’s likeness in a photograph, video or sound recording in any social media or website posting.	
<u>INSTRUCTORS</u> – class instructors are subject to change without notice	
<u>GYM CLOSINGS/MAKE UP DAYS-</u> LABOR DAY-SEPTEMBER 3, 2018-MAKE UP SCHEDULED AT FRONT DESK THANKSGIVING BREAK NOV 19- 24, 2017 GENERAL MAKE UP DAYS WILL BE NOVEMBER 3 & DECEMBER 15 AT 12:15 P.M.	
<u>LINES OF COMMUNICATION</u> – we want our members to be totally updated and aware of all REFLEX events, closings, and program information, therefore, it is vital that we always have a current email address from you. REFLEX information will be posted on our website at www.REFLEXGYMNASTICSACADEMY.COM	
ACKNOWLEDGEMENT OF RISK	
I/WE fully understand that gymnastics, cheerleading and tumbling involve motion and height... and that any physical activity, including gymnastics, tumbling and or cheerleading, that involves motion and or height can result in serious permanent injury and disability or death.	
PERMISSION TO PARTICIPATE – with knowledge of the risk of possible injury, disability or death from participation in gymnastics, tumbling, and/or cheerleading. I/We the Parent(s)/Legal Guardian(s) of the person of the student(s):	
1) _____ 2) _____ 3) _____	
do hereby grant permission for the student to participate in gymnastics, tumbling, and/or cheerleading REFLEX The Pearland Gymnastics Academy	
ASSUMPTION OF RISK AND RELEASE FROM LIABILITY – I/We hereby assume all risks for the student’s personal injury, including disability, and/or death, sustained by the student while participating in gymnastics, tumbling, and/or cheerleading at REFLEX The Pearland Gymnastics Academy, its officers, directors, supervisors, instructors, and employees of and from any and all liability any of them may have for any injury, including disability and/or death, sustained by the student without limit and without regard to the cause or causes thereof or the negligence of any party or parties.	
CONSENT TO MEDICAL CARE – I/We do hereby authorize any adult officer, director, supervisor, instructor, or employee of REFLEX The Pearland Gymnastics Academy who has care and control of the student to consent to any medical treatment of the student when I/We cannot be contacted pursuant to 35.01 of the Texas Family Code which, in judgement of any prospective treating doctors, is immediately and medically necessary to treat any injury sustained by the student.	
INSURANCE COMPANY NAME: _____ POLICY #: _____	
IDEMNITY AND HOLD HARMLESS – I/We do hereby agree to indemnify REFLEX The Pearland Gymnastics Academy, its officer, directors, supervisors, instructors, and employees, and hold them harmless from any claims, demands, causes of action made against them or expenses they may incur in connection with any injury, including disability and/or death, sustained by the student or in connection with any medical care received by the student.	

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____