

REFLEX

PEARLAND GYMNASTICS ACADEMY

Child's T-Shirt Size: _____

TEAM REGISTRATION FORM

STUDENT INFORMATION – PLEASE PRINT			
STUDENT NAME:		M / F	DOB:
STUDENT NAME:		M / F	DOB:
ALLERGIES: WHO:		PLAN OF ACTION:	
FAMILY INFORMATION – PLEASE PRINT			
PRIMARY GUARDIAN:		RELATIONSHIP:	
PHONE #:	Texting Opt-In: <input type="checkbox"/>	EMAIL:	
SECONDARY GUARDIAN:		RELATIONSHIP:	
PHONE #	Texting Opt-In: <input type="checkbox"/>	EMAIL:	
EMERGENCY CONTACT:		PHONE #:	
ADDRESS:	CITY:	ST:	ZIP:
ACKNOWLEDGEMENT OF RISK			
<p>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.</p> <p>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):</p> <p>1) _____ 2) _____ 3) _____</p> <p>do hereby grant permission for the student to participate in gymnastics, tumbling, and/or cheerleading REFLEX The Pearland Gymnastics Academy.</p> <p>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.</p> <p>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.</p> <p>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.</p>			

BILLING, POLICIES & SIGNATURE on back →

REFLEX THE PEARLAND GYMNASTICS ACADEMY TERMS & CONDITIONS

DROP POLICY

I understand that a **30-DAY WRITTEN NOTICE** is required to **DROP** from a class.
I also understand that the notice **MUST BE RECEIVED BEFORE** the first class of the month **PRIOR** to the month dropping.

PRIMARY CARD INFORMATION

TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DSC	EXP:
CARD #:	CVC CODE:
NAME ON CARD:	BILLING ZIP:
AUTO PAY (circle one): YES NO IF YES: Your card will be charged on the last business day of the month prior. \$5 discount will be added. IF NO: You will be responsible for paying tuition every month. ALL UNPAID TUITION will be automatically charged on the 15 th of every month.	INITIAL HERE

REMINDER: 30 Day Drop Notice is required to drop from class.

Payment Authorization – Please Check Boxes

<input type="checkbox"/> Monthly Tuition	<input type="checkbox"/> Any 5% Credit Card Fees
<input type="checkbox"/> Meet Fees (Lump Sums)	<input type="checkbox"/> Extra Fees (Uniforms & Registration Fees)

I (PRINT) _____, authorize REFLEX Pearland Gymnastics Academy to AUTOMATICALLY bill my card on file for any fees that were checked off above when they are due in order for my child to participate in team practice. In the event that my child resigns or is removed from the RPGA Gymnastics Team Program, I understand that I am not entitled to any refunds of any kind, and I forfeit the right to cancel ANY credit card transactions.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____