

# REFLEX

## PEARLAND GYMNASTICS ACADEMY

Child's T-Shirt Size:  
\_\_\_\_\_

### TEAM REGISTRATION FORM

**STUDENT INFORMATION – PLEASE PRINT**

<b>STUDENT NAME:</b>	<b>M / F</b>	<b>DOB:</b>
<b>STUDENT NAME:</b>	<b>M / F</b>	<b>DOB:</b>
ALLERGIES:	PLAN OF ACTION:	
WHO:		

**FAMILY INFORMATION – PLEASE PRINT**

<b>PRIMARY GUARDIAN:</b>	RELATIONSHIP:		
PHONE #:	<b>Texting Opt-In:</b> <input type="checkbox"/>	EMAIL:	
<b>SECONDARY GUARDIAN:</b>	RELATIONSHIP:		
PHONE #	<b>Texting Opt-In:</b> <input type="checkbox"/>	EMAIL:	
ADDRESS:	CITY:	ST:	ZIP:
<b>EMERGENCY CONTACT:</b>	<b>PHONE #:</b>		

**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 at 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.

INDEMNITY 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.

**BILLING, POLICIES & SIGNATURE on back** →

# REFLEX THE PEARLAND GYMNASTICS ACADEMY TERMS & CONDITIONS

PLEASE READ AND INITIAL EACH POLICY	INITAIL HERE
Tuition is due at the first of each month. A \$5 discount will be taken if enrolled in AutoPay. I understand that a \$10 late fee will be charged to my account on any unpaid tuition on the 10th of the month. I understand that I must provide a credit card as a guarantee of payment.	
I authorize that ALL unpaid balances will be charged to this card on the 15th of each month. I understand these charges will include the \$10 late fee. I also understand that that if my account is 30 Days past due, RPGA has the right to drop my student from team.	
I understand that there is an annual team registration due every August.	
I understand that a <b>30-DAY WRITTEN NOTICE</b> is required to <b>DROP</b> from team. I also understand that the notice <b>MUST BE RECEIVED BEFORE</b> the first practice of the month <b>PRIOR</b> to the month dropping.	
I understand that I am responsible for tuition for the month the notice was <b>NOT</b> given. Notices received after the first practice of the month will be processed and taken effect the following month.	
I understand that the yearly registration fee and tuition are non-refundable. Absolutely <b>NO REFUNDS!!!</b>	
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.	

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

Payment Authorization – Please Check Boxes	
<input type="checkbox"/>	<b>Monthly Tuition Fee &amp; Registration Fee</b>
<input type="checkbox"/>	<b>Meet Fees (has 4% cc fee)</b>
<input type="checkbox"/>	<b>Uniform Fees (has 4% cc fee)</b>

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: \_\_\_\_\_