



Athlete Name

Date of Registration

CLASS REGISTRATION FORM

Parent's Names: _____
FIRST LAST

Home Address: _____
STREET
CITY STATE ZIP

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Emergency Contact (other than parents): _____
NAME PHONE

Athlete's Birthday: ____/____/____ Age: _____ Sex: _____

Allergies: _____

Special Limitations: _____

Registered Class: _____

I understand that classes at Zenith Academy of Gymnastics are run on a session-by-session basis. Enrollment at any time will last until the end of the current session. Classes cancelled due to weather or unforeseen circumstances will be announced by management and rescheduled. One make-up class will be offered per session. Refunds are not given for any reason, however, in the event that your child cannot continue to participate, your account can be credited and that credit can be used in a later session. Returned check fee is \$25. There is an annual membership fee that must be paid upon registration.

I understand that my child has registered for one or more classes at Zenith Academy of Gymnastics. I am aware of the policies stated above, and freely accept these terms and conditions. I realize that payment is due before my child is able to participate, unless an arrangement has been made with the owner/manager. I realize that overdue balances and fees will prevent my child from participating in classes. I give permission for Zenith Academy of Gymnastics to use images of my child for marketing purposes and for program development. I understand that any activity involving motion or height creates the possibility for injury and catastrophe. I give permission for Zenith Academy of Gymnastics, its owners, officers, agents, employees, and any other medical personnel to treat my child in the event of an emergency. I hereby and forever release Zenith Academy of Gymnastics, its officers, agents, and employees from any claim or suit arising from my child's participation in gymnastics.

Name _____ Date _____

For Office Use only:

Waiver on file:

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Initials:

Spring

Summer

Fall

Winter