



Come Tumble With Us!

2007-2008

BOARD _____
 ROLL _____
 C & P _____
 COMP _____
 30 DAY _____
 EXPIRES _____

North Raleigh Gymnastics

5400 Atlantic Springs Road Raleigh, NC 27616 (919) 790-9400

CLASS REGISTRATION AND HEALTH FORM

Student's Name _____ Age _____ Date of Birth _____ Sex _____

Registering for : _____ (Age and Class Name) on _____ (Day) at _____ (time)

Address _____ City _____ Zip _____

Parent's Email _____ School _____ Home Phone _____

Mother _____ Work Phone _____ Cell Phone _____ Occupation _____

Father _____ Work Phone _____ Cell Phone _____ Occupation _____

Emergency contact _____ Emergency phone number _____

How did you hear about us? Yellow Pages Internet Returning Student Sibling Newspaper
 Friend (please give Name) _____ Other _____

MEMBERSHIP AGREEMENT

INITIAL

_____ **Registration Fee:** In order to hold a space in a class the **nonrefundable registration fee and first months tuition must be paid.**

_____ **Tuition:** I understand that tuition is based on a four-week payment session and I agree to pay tuition in advance by the 1st day of each month. Tuition received after the 10th of the month will result in a \$5.00 late fee. Non-payment of tuition by the 1st day of the following month that tuition is due will result in forfeiture of my child's space in the program. **NRG DOES NOT ISSUE BILLING STATEMENTS.**

_____ **Make-up Classes:** I understand that, if my tuition is current, I may schedule one (1) make-up class per month for missed class. No more than twelve (12) make-ups may be scheduled for the entire session. Make-ups are provided to me as a courtesy and are not mandatory. I must complete my make-ups prior to **April 13th, 2008** or prior to withdrawing from the program. After which, I will forfeit any remaining make-up opportunities. **No credits or refunds are given for missed classes.** Furthermore, I must notify the office if my child is not able to attend a scheduled make-up, failure to do so will result in a forfeit of that specific make-up opportunity.

_____ **Dropping a Class:** After the 30 day money back guarantee period expires, I agree to give a two (2) week written notice in order to terminate enrollment and I agree to pay all tuition for that 2 week period.

_____ **Gymnastics Classes:** I realize that classes run June- May. As space permits, you may change your day and/or time or add classes. Class changes must be made prior to April 13th, 2008. NRG reserves the right to make changes to the class schedule or move my child to a class that is more suitable for their needs. I am aware that three students are required in each class to hold the class open. NRG will notify me two weeks prior should a class be forced to close.

_____ I have received my confirmation and calendar. (If mailing registration form, please stop by the office to initial after you have received your class confirmation.)

Note: Please fill out and sign the medical history and release form on the reverse side.

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

Class _____ Instructor _____ Registration Fee _____

Level	Monthly Tuition								CK#	Date			
	June	July	Aug	Sept	Oct	Nov	Dec	Jan		Feb	March	April	May
Date													
Amt													
CK#													
Notice/ Date													
WLF/ NSF													

MEDICAL HISTORY FORM

(1) Please give an explanation of any of the following conditions now or in the past:

- | | | |
|--------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Fracture | <input type="checkbox"/> Atlantoaxial Instability |
| <input type="checkbox"/> Dental Appliances | <input type="checkbox"/> Surgery | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Sight Difficulties | <input type="checkbox"/> Dislocation or Sprain | <input type="checkbox"/> Sensory Processing |
| <input type="checkbox"/> Eye Glasses or Contact Lenses | <input type="checkbox"/> Back or Neck Injury | |
| <input type="checkbox"/> Ankle or Foot Problem | <input type="checkbox"/> Nose Bleeds | |
| <input type="checkbox"/> Elbow or Wrist Problem | <input type="checkbox"/> Hearing Difficulties | |
| <input type="checkbox"/> Foot or Hip Problem | <input type="checkbox"/> Attention Deficit Syndrome | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sequence Learning Difficulty | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergic Reaction to Insect Bites | |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Skin Allergies | |
| <input type="checkbox"/> Processing Problem | <input type="checkbox"/> Learning Disability | |

Explanations: _____

(2) Explain any conditions not listed above: _____

(3) Is the gymnast currently on medication? YES _____ NO _____
Type: _____
Purpose: _____

(4) Name and Phone Number of Physician: _____
Date of last physical exam: _____

MEDICAL / HEALTH ACKNOWLEDGEMENT

I acknowledge that gymnastics is a strenuous, physical sport, and I certify that my child is in good health and physical condition and is fully able to participate in the program.

X _____
Parent or Guardian's Signature Date

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby consent to my child participating in the programs of Gymnastics, Inc. d/b/a North Raleigh Gymnastics (NRG). I understand that injuries can occur and risk is involved in any athletic activity for my child, especially gymnastics activity that involves height and motion.

I further agree that NRG, along with the employees, agents, officers, and directors of NRG shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics, including transportation to and from activities, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

This acknowledgment of RISK AND WAIVER OF LIABILITY AND MEMBERSHIP AGREEMENT has been read and is signed voluntarily.

X _____
Parent or Guardian's Signature Date