

# REGISTRATION FORM

Please completely fill in both sides and be sure to notify us of any phone number or address changes.



Today's Date \_\_\_\_\_

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ **M** **F**

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies & Medical Conditions \_\_\_\_\_

Legal/Custody Issues \_\_\_\_\_

Additional Info \_\_\_\_\_

## BILLING INFORMATION

**\*AT LEAST ONE EMAIL ADDRESS IS MANDATORY**

Mr. Ms. M/M \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**MOM'S NAME** \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Receive bill statement via email check here

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ \*Email \_\_\_\_\_

**DAD'S NAME** \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Receive bill statement via email check here

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ \*Email \_\_\_\_\_

## Emergency Information (someone to contact if parents cannot be reached)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Referral Source

Yellow Pages Drive By School Flyer Sibling Friend (please name) \_\_\_\_\_

Other \_\_\_\_\_

## OFFICE USE ONLY

Amount Due: \$ \_\_\_\_\_ EF

Free Trial Date \_\_\_\_\_

\$ \_\_\_\_\_ Current Month

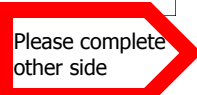
Start or Restart Date \_\_\_\_\_

\$ \_\_\_\_\_ Other

Class \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL**

Staff Initials



**Secondary Excess Coverage**

SCATS group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parents' separate or employees' dependent group insurance. This secondary excess accident medical insurance coverage has a \$500 deductible which SCATS DOES NOT PAY in the event of an accident.

**Permission Slip**

I give permission for my child \_\_\_\_\_ to attend SCATS Gymnastics. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

**Child's Safety:** I understand that I am responsible for my child's behavior and safety while on the premises of SCATS Gymnastics including parking lots, restrooms, waiting areas, etc.

**Release of Liability Waiver**

Name of adult participant(s) \_\_\_\_\_  
 I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of SCATS Gymnastics from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of SCATS Gymnastics.

**Registration Fee:** I understand that there is an annual fee of \$40.00.

**Photos:** I understand that my child's photo taken during class or special events may be used for marketing purposes.

**Tuition:** I understand that tuition is due on the 1st day of every month. If payment is received after the 15th of the month, a \$15.00 late fee will be assessed. There is a \$25.00 charge for all checks returned by the bank. My child will not be allowed to take classes if our bill is more than 30 days past due. I understand the tuition is billed according to the number of weeks in that month.

**Missed Classes:** I understand there is no credit given for missed classes.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Father, Mother, or Legal Guardian