



OFFICE USE ONLY	
Trial Class:	_____
Date:	_____
Class:	_____
Start Date:	_____

Registration Form

Family Information

Legal Guardian's Name: _____ Relationship (i.e. mother, father): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Legal Guardian's Name: _____ Relationship (i.e. mother, father): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

In case of an emergency and Guardians can't be reached

Email

E-mail Address: _____

Children Being Enrolled

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Please List any Medical Conditions we should be aware of: _____



Waiver

Assumption of Risk • Waiver of Liability • Photo Release • Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics and tumbling class. Being fully aware of these dangers, I hereby give consent for my child(ren) and myself to participate in any and all *Scale Gymnastic Center LLP* programs and activities and I ACCEPT ALL RISKS associated with this participation. I hereby understand that *Scale Gymnastic Center LLP* facility does not provide supervised child care services. I understand that myself or an arrangement will be made to pick up and drop off my child(ren) at the appropriate time.

In consideration for my own or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE *Scale Gymnastic Center LLP* its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(rens) participation I hereby grant my permission for my child's likeness to be used in *Scale Gymnastic Center LLP* publicity and advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold *Scale Gymnastic Center LLP* and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for *Scale Gymnastic Center LLP*.

I have not been directly solicited by Scale Gymnastics Center. I am registering my child of my own free will and in no way have been manipulated or persuaded to join. I have not been provided any offers that are not freely given to other members. I also understand that Scale Gymnastics Center is in no way affiliated with any other gymnastics center.

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO REALESE, MEDICAL AUTHORIZATION and REGISTRATION and I VOLUNTARILY affix my name in agreement.

Legal Guardian Signature

Printed Name: _____

Signature: _____ Date: _____



SCALE
GYMNASTICS

Rules and Guidelines

- **Attire:**
 - Proper attire must be worn at all times. No Jewelry.
 - *Girls:* Leotards or unitards and barefoot. No tights and hair must be pulled back from face.
 - *Boys:* T-shirts and shorts must be worn and barefoot
- **Drop-off/Pick-up:**
 - Students shall arrive no earlier than 10 minutes prior to class and to be picked up no later than 10 minutes after class dismissal.
- **Belongings:**
 - Students must use designated cubbies for all belongings. Scale Gymnastics is not responsible for lost or stolen items.
- **Sessions:**
 - All sessions are 4 weeks long. Scale Gymnastics DOES NOT run month to month. Please refer to the Session Calendar for start and end dates.
- **Registration Fee:**
 - Scale Gymnastics charges a \$20.00 annual registration fee per student upon registration. Renewal of the annual registration fee is due session 1 (August) for all existing Scale gymnasts.
- **Tuition:**
 - Tuition is due by auto-payment only. You will have the choice to pay tuition on the 1st, 5th or 17th of each month.
- **Family Discounts:**
 - A \$5.00 discount on total family tuition will be applied for 2nd and 3rd students. The discount applies to siblings only.
- **Fees:**
 - There is a \$35.00 fee on all returned checks, \$20.00 fee on all auto payments declined and a \$20 late tuition fee.
- **Refunds:**
 - There are NO refunds once a session has started. Tuition payments are not transferable.
- **Class Cancellation:**
 - When classes are cancelled due to bad weather or the gym is closed for specific holidays (**Please see Session Calendar**) a make-up time will be scheduled for the entire class on a specific day and time. In case of bad weather, you may call the gym at 303.840.0424 or visit our website at www.scalegymnastics.com after 8:00am for morning classes and after 3:00pm for afternoon/evening classes for cancellation updates.
- **Dropping Class:**
 - If your child will not be continuing in a class, a written notice must be given and sent to info@scalegym.com. This will help accommodate students on the waiting list.
- **Class Observation:**
 - Parents are more than welcome to observe class from our observation windows. For the safety of the students and classes, no parents or siblings will be allowed in the gym during class time. Also for the safety of our students flash photos are not allowed to be taken during class time.
- **Make-Up Policy:**
 - **Make-ups for absences will not be allowed.** We do not grant financial credit for absences. We limit our class size and our student/instructor ratio and our expenses remain the same whether your child attends class or not. We feel this policy is important to the consistency of our program and the benefit of your child. With regular attendance your child's skill and progress will improve from week to week.

Parent Acknowledgement: _____



SCALE
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Automatic Payment Authorization

Parent Name			
Children			
Address			
City, State, Zip			
Email			
CREDIT CARD AUTHORIZATION (Select one) 1st <input type="checkbox"/> 5th <input type="checkbox"/> 17th <input type="checkbox"/>			
Card Number			
Expiration		CVW	
By signing below I authorize Scale Gymnastics LLP to charge my credit or debit card as listed above until I provide written notice stating my child or children will no longer be attending their class or classes. I agree to notify Scale Gymnastics should my credit or debit card information change. I agree to pay a \$20 fee should my credit or debit card be declined. I agree to pay a \$20 fee should my credit or debit card information change resulting in an unprocessed payment.			
Signature			