



TURNERS GYMNASTICS REGISTRATION FORM

Class		Day		Time		Session	
Class		Day		Time		Session	
Class		Day		Time		Session	
Tuition	Discount/Prorate	Registration Fee	Total	Payment Type	Date	Staff	

MADISON TURNERS WAIVER & RELEASE OF LIABILITY

Participant's Name*			Date Of Birth*		Gender*	
1.						
2.						
3.						
Parent/Legal Guardian*		Phone Number*		Email*		
1.						
Parent/Legal Guardian		Phone Number		Email		
2.						
Home Address*				City/State*		Zip*
Pre-Existing Medical Conditions (i.e. allergies/asthma/epilepsy)*						
Emergency Contact		Emergency Phone #		How Did You Hear About Us?		

Waiver of Liability and Assumption of Risk: I understand that participation in sports activities, including gymnastics and martial arts, can involve risk and possible injury. While we at Madison Turner's, Inc. are dedicated to providing a safe environment and the incident of injury is rare, I understand that accidents can occur which may result in serious or permanent injury. Even under the best of conditions, I understand there can be no guarantee of an injury free program. I release Madison Turner's, Inc., its directors and staff from liability for any injury sustained by myself or my child while under their instruction, supervision, or control, and from liability for any medical or other expenses, which may result from injury. I agree to hold harmless and indemnify Madison Turner's Inc. its directors and staff for any losses, damages, attorney fee, and any other costs incurred in connection with claims of injury which may result from my or my child's participation in this program. Authorization of Medical Care: In case of injury or illness while attending Madison Turner's Inc. sports programs, if I cannot be reached, I authorize and desire medical care for the above participant child at the discretion of the attending physician. I accept responsibility for all associated expenses. **Appropriate Behavior:** Children are expected to behave in a manner that is respectful of staff, fellow participants and our facility, and I understand that displays of anger, emotional or physical outbursts, inappropriate language or physical contact is not allowed. I agree to promptly leave the premises with my child if I cannot correct the inappropriate behavior. **Photographs:** I authorize the use of my own or my child's visual image for Madison Turners use. **Agreement to pay:** Full payment of first and last month tuition must be received on the first day of class unless otherwise agreed by management. \$25 late fee will be added on to any monthly account after the 15th of each month for monthly students. Student will then be unable to participate until balance is paid in full. \$25 fee charged for cancelled enrollment. **Refunds:** No refunds. If a student is injured and unable to attend gymnastics classes, Management may add credit on to account. **Pro-ration:** No pro-ration of fees if spot is being held. **Make-Up Classes:** Make up classes for students are a courtesy and offered if there is availability *Not currently offered. Missed classes must be made up or open gym pass claimed during the current month. No more than two make-ups can be redeemed 14 days after missed class. **Open Gym:** No more than two passes used per family per visit. **Registration Fee:** \$25 Registration fee is charged yearly *per first two children. Fee is valid from August 1st-August 1st of following year. If student joins and fee is paid during the summer, it will be good through August of the next year. **Credit Card Processing Fee:** \$2-4 for all credit card payments. **Split payment fee:** \$2-\$4 fee for split payments.

*Parent's/Guardian's Signature _____ *Date _____