

Start Date:	_____
Reg.	_____
Tuition:	_____
Total:	_____
Class Control:	_____

## 2010-2011 Registration Form APEX Gymnastics, Inc.

Student's name(s):	Birth Date:	Class/Day/Time
1. _____	M / F    /    /	_____
2. _____	M / F    /    /	_____
3. _____	M / F    /    /	_____
4. _____	M / F    /    /	_____
5. _____	M / F    /    /	_____

Parent's Names: _____	Home Phone: _____	( ) _____
Address: _____	Mom's Work: _____	( ) _____
_____	Mom's Cell: _____	( ) _____
Email: _____	Dad's Work: _____	( ) _____
	Dad's Cell: _____	( ) _____

List medical/physical conditions: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Primary Medical Insurance:** I am covered by a primary health/medical/accident insurance through: \_\_\_\_\_. I hereby verify by my signature below that I fully understand and accept each of the conditions below and to my knowledge, my child has no physical limitations to prohibit participation in classes, events, competitions, and activities conducted by Apex.

### APEX RULES & POLICIES

1. *Tuition payments are due by the 1<sup>st</sup> of each month (not the first class of the month). No invoice is sent; payments can be made at the front desk, over the phone or by mail. There are no refunds for any reason. All returned checks will be assessed an additional \$25 fee. Classes end Saturday, June 18, 2011.*
2. *Any payments made or received after the 1<sup>st</sup> of the month are subject to a 10% billing charge.*
3. *A Drop Class form must be submitted with your final tuition payment by the first day of the final month attending. (Example: Submitted by Sept. 1 to drop for October) Also, a Switch Class form must be filled out if you switch classes. There is a \$5 fee for any switched class.*
4. *APEX is under no obligation for make-ups. They are offered as a courtesy. There is a limit of 5 makeup classes per school year. No make up classes can be done after withdrawing from the program.*
5. *Pro-rating only occurs upon registering after the 1<sup>st</sup> class of the month. All other months must be paid in full.*

**In consideration of my membership at Apex and my participation in Apex Gymnastics classes, events, competition, and activities, I agree to be bound by each of the following:**

1. **Eligibility:** *I agree to comply with the rules of Apex.*
2. **Readiness to Participate:** *I will only participate in those Apex classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.*
3. **Medical Attention:** *I hereby give my consent to Apex to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.*
4. **Waiver and Release:** *I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I understand that APEX Gymnastics uses deep foam pits, resi-pits and inflatable devices and the risks associated with these training devices. I further agree that Apex and the sponsor of any Apex event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.*

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_