

TECHNIQUE GYMNASTICS

11345 Folsom Blvd, Rancho Cordova, CA 95742 (916) 635-7900 gym (916) 543-1700 fax info@TechniqueGym.com

Today's Date _____ New Registration Membership Renewal Change of Information

Child's Name _____ Date of Birth _____ Gender _____

Child's Name _____ Date of Birth _____ Gender _____

Child's Name _____ Date of Birth _____ Gender _____

Child's Name _____ Date of Birth _____ Gender _____

Parent / Guardian Name _____ Email _____
(for billing statements, closures, and gym events)

Phone () _____ - _____ Alt Phone () _____ - _____

Parent / Guardian Name _____ Email _____
(for billing statements, closures, and gym events)

Phone () _____ - _____ Alt Phone () _____ - _____

Billing Address _____ City _____ State _____ Zip _____

Billing Contact (if different from above) _____ Phone () _____ - _____

Emergency Contact _____ Emergency Phone () _____ - _____

Primary Insurance Company _____

Medical Alert / Allergies / Physical Limitations _____

How did you hear about us? Friend (Friend's Name – They get a \$25 credit when you enroll) _____

Web Search Previous Student Drive By Field Trip Special Event Other _____

Please make sure to sign the **BACK** of this waiver also.

OFFICE USE ONLY

Child

Class Code(s)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT
("AGREEMENT")

In consideration of participating at Technique Gymnastics, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Technique Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of child(ren)

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

CONSENT OF TREATMENT OF A MINOR

Should it be necessary, in the opinion of a staff member of Technique Gymnastics, Inc. to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Technique Gymnastics, Inc. and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

Printed name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian



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Automatic Credit Card Payment Authorization Form

If you would like to have your monthly tuition charged to a credit card each month, please fill out the information below and return it to our office. Your credit card will be charged on the **1st** of each month. The **total balance** due on your account including tuition, membership and any other outstanding balances will be charged to your credit card.

Select which credit card to use:

Visa MasterCard American Express Discover

Credit Card Information:

Credit Card #: _____ / _____ / _____ Expiration Date: _____

Name as it appears on card: _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of student(s): _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT BY CREDIT CARD

I authorize Technique Gymnastics, Inc. to charge my credit card for payment of my monthly tuition and any other outstanding charges to the credit card listed above and to charge the same to such account each month until further notice.

This authorization is to remain in full force and effect until Technique Gymnastics, Inc. has received written notification from me of its termination in such time and in such manner as to afford Technique Gymnastics, Inc. a reasonable opportunity to act on it.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

 Signature of Card Holder

 Printed Name of Card Holder

 Date

 email