

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)

Verified by:

Date:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF 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 or I am unable to safely perform any activity, I will immediately discontinue participation in the activity.

I fully acknowledge, understand, appreciate and agree, 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 further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

I hereby release, discharge, and covenant not to sue Technique Gymnastics, Inc., its administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, 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 further 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, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I 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. I 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 participant(s) _____

PARENTAL AND TREATMENT OF A MINOR CONSENT

I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, 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 further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at Technique Gymnastics. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I 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 DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

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 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.

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian



Adventure and Activity
Child Care Center

Procedures

916-635-7900 [11345 Folsom Blvd. Rancho Cordova, CA 95742](https://www.techniquegym.com)
[www.TechniqueGym.com](https://www.techniquegym.com) info@TechniqueGym.com

Enrollment

- On going, you may enroll & un-enroll any time
- You may make changes to day/time/program anytime through the Hospitality Team
- You are financially responsible until you **formally un-enroll** regardless of attendance (see un-enrollment below)
- Risk Free First Attendance - 100% free, should you feel the program is not a good fit.
- 20% Sibling & Multi-discount: when more than one immediate family member is enrolled or a child enrolls in multiple programs
- **Annual membership is \$30 per student**
- Masks are required for everyone

Make-Ups

- We are not offering make-ups at this time.
- There will be no refunds/credits for missed attendance.

Tuition

- Tuition is due on the 1st of every month
- Autopay is required, which runs on the 1st of every month
- \$10 late fee per student is charged on the 8th of the month
- Tuition is due regardless of attendance until you **formally un-enroll**
- Tuition is budgeted on 4 weeks per month. Some months you will have 5 weeks
- The 5th one will replace short months due to instructional breaks and Holidays

Un-Enrollment

- **Must be submitted by email to Admin@TechniqueGym.com with your name, child's name, program enrolled in & desired last attendance date OR submitted on an Un-Enrollment Request form at the Hospitality Desk**
- We are unable to backdate prior to the Un-Enrollment email or the date the Un-Enrollment Request form was received
- Submit your un-enrollment at least 7 days before the end of the month for it to be effective the following month
- No refunds or credits for past missed attendance

Referrals

- Receive a \$25 credit on your account each time you refer a friend to Technique and they register/pay! Make sure your friend writes your name on their Registration Waiver as the one who referred them.