



Trial date: \_\_\_\_\_

Free Trial Class: \_\_\_\_\_

### STUDENT INFORMATION

FIRST NAME \_\_\_\_\_ AKA \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ GENDER (CIRCLE) M F

OTHER ACTIVITIES CHILD PARTICIPATES IN \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

PARENT 1 / GUARDIAN FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 2 / GUARDIAN FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARTY RESPONSIBLE FOR ACCOUNT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL ADDRESS (PRINT CLEARLY) \_\_\_\_\_

#### HOW DID YOU HEAR ABOUT RAINBOW (PLEASE CIRCLE ALL THAT APPLY)

WEBSITE

WORD OF MOUTH

DRIVE BY

PUBLIC PERFORMANCE

ADVERTISEMENT

TAKE HOME FLIER

PHONE BOOK

FRIEND/RELATIVE

CURRENT STUDENT \_\_\_\_\_ (NAME)

### EMERGENCY CONTACT & MEDICAL INFORMATION

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY - PREFERRED HOSPITAL/FACILITY \_\_\_\_\_

MEDICAL INSURANCE PROVIDER \_\_\_\_\_ POLICY # \_\_\_\_\_

KNOWN MEDICAL CONDITIONS, ALLERGIES AND/OR INJURIES: \_\_\_\_\_

### TERMS AND CONDITIONS: (Please initial by each term)

\_\_\_\_ **TUITION FEE:** I agree to pay monthly tuition by the first class of each session. I understand that if tuition is not received on or before the 10<sup>th</sup> of the month that a \$20.00 late fee will be assessed. Tuition may be paid by cash/check/CC-Visa or MasterCard at the gym by phone or mail. I understand that failure to pay tuition and all applicable fees may result in the removal of student from class and termination of enrollment. Accounts will be charged for classes student has reserved at Rainbow Gymnastics Academy.

\_\_\_\_ **ANNUAL MEMBERSHIP FEE:** I understand that a NON-REFUNDABLE ANNUAL membership fee of \$50.00 (or up to \$75.00 for a family) is payable upon enrollment and each subsequent year of enrollment thereafter.

\_\_\_\_ **DISENROLLMENT:** I understand that discontinuance of class must be presented in writing, 2 weeks prior to the end of the current session.

\_\_\_\_ **MAKE-UP CLASSES:** There are **NO REFUNDS, DISCOUNTS OR PRORATING** if your student is absent. Your child is eligible to make-up **ONE** missed classes in one session. This class must be scheduled in advance and **MUST** be completed prior to the last week of each session. I understand that make ups will not carry over to the next session.

\_\_\_\_ **HOLIDAYS, CLOSINGS AND CANCELLATIONS:** RGA reserves the right to cancel any class for reasons such as federal holidays and special annual events. If class is NOT held, it will be posted at the gym and/or on the website. Please refer to RGA Session Calendar for recreational program closings.

**PLEASE PROCEED TO THE BACKSIDE TO READ THROUGH AND COMPLETE THE RELEASE WAIVER FOR STUDENT PARTICIPATION. NOTE THAT THERE ARE TWO PLACES TO READ AND SIGN. Mahalo!**

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,

# I

## AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the classes at **RAINBOW GYMNASTICS ACADEMY, INC.** I represent that I understand the nature of this activity and that my child is 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 my child's 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 my child incurs as a result of my child's participation in the activity.

I hereby release, discharge, and covenant not to sue Rainbow Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers, and 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 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, save and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may be incurred as the result of such claim.

I hereby grant permission for my child to be included in evaluations and photographs, videotapes and tape recordings for non-profit educational and promotional purposes.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**, understand that I have given up my 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 Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# 2

I hereby authorize Rainbow Gymnastics Academy, or any employees thereof to call any medical or other emergency personnel and/or arrange for medical, treatment, including diagnostic, hospital, or surgical procedures as may be prescribed or performed by a treating physician for the named student, if I cannot be reached in the case of any emergency. This consent includes, but is not limited to: examinations, test, medical treatment, and administration of necessary anesthetics, transfusions, or drugs and the performing of whatever operations that may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization being required. This authorization shall remain in effect until revoked in writing. Attempts will be made to contact the person/guardian prior to medical treatment. I understand that RGA personnel may transport my child to the preferred facility in the case of an emergency.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## OFFICE USE ONLY

ENROLLMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

INDIVIDUAL REG. \_\_\_\_\_ OHANA REGISTRATION \_\_\_\_\_ ADDING SIBLING \_\_\_\_\_ NAME OF SIBLING \_\_\_\_\_

CLASS/LEVEL \_\_\_\_\_ DAY(S) \_\_\_\_\_ TIMES \_\_\_\_\_ ATTENDANCE DAYS PER WEEK \_\_\_\_\_

PRORATED WEEKS \_\_\_\_\_ AMOUNT CHARGED \_\_\_\_\_ TOTAL PAID \_\_\_\_\_ BY: CASH CHECK CHARGE

REGISTERED BY \_\_\_\_\_ APPROVED BY \_\_\_\_\_