

Midwest Gymnastics Registration Form

Please fill out all the information to the best of your ability. Any questions please ask the front desk.

Family Information

1st Parent or Guardian

First Name Last Name Relation to Family

2nd Parent or Guardian

First Name Last Name Relation to Family

Student Information

1st Student

First Name Last Name Birthday Gender

Allergies, Special Health Considerations, Any Diagnosed Conditions

2nd Student

First Name Last Name Birthday Gender

Allergies, Special Health Considerations, Any Diagnosed Conditions

3rd Student

First Name Last Name Birthday Gender

Allergies, Special Health Considerations, Any Diagnosed Conditions

If you need to add additional students please ask the front desk for an additional registration form.

Billing Information

Street Address ~ () - Home / Work / Cell / Other
Primary Phone Number Circle the Type Above

Address Line 2 ~ () - Home / Work / Cell / Other
Secondary Phone Number Circle the Type Above

City State Zip

Billing E-mail Address

Online Account Password (case sensitive)

Please note: Midwest Gymnastics used an e-billing system, and also sends important information to the above e-mail address. We are not responsible if your e-mail is not active or blocks any or all of our e-mails. Please be sure to add us to your safe senders list. Inform the front desk if you have any changes to you e-mail address. Thank you

General Medical Information

Hospital / Clinic Preference Physician's Names Phone Number

Do I Have Medical Insurance? Yes No If so for what Child(ren)? 1st Child 2nd Child 3rd Child

Incase of any emergency please list your emergency contacts incase the primary guardians cannot be reached in an emergency.

Emergency Contact #1 Name: _____ Contact Phone Number: () - _____

Emergency Contact #2 Name: _____ Contact Phone Number: () - _____

Emergency Contact #3 Name: _____ Contact Phone Number: () - _____

Family Safe Word: _____

(This word would be used if someone outside your family were to pick up your children, or change billing and family information. You can leave this blank if you'd like.)

RULES, TERMS AND CONDITIONS:

REGISTRATION FEE

All students will be charged a yearly registration fee. This fee is charged every September or when you join thereafter. This yearly registration fee is good September thru August.

MAKEUP POLICY

Make-ups need to be done during the session which the missed day had occurred. Students may carry one make-up over if absent the last week of the session; however, student needs to be registered in that session also. Only One make-up is allowed per session. Any additional make-ups beyond the first must be accompanied by a doctor's note.
No refunds for missed classes, no pro-rating for current customers

CLASS SWITCHING AND MOVE UP PROCEDURE

Once the session has started your child is to remain active in the same class to the end of the session. When you are notified that your child is ready to move up you may sign up for the next level at the end of the session. This is to ensure class stability along with establishing a bond between the coach and fellow classmates.

DROP PROCEDURE

Please let us know if your child is dropping for the next session. However, if Midwest does not receive your tuition by the due date Midwest will assume you are dropping and remove you from the class.

REFUND PROCEDURE

No refunds after the session starts. This is the first day of the session, not the first day of your Childs class.
If your child drops before the session begins there is a \$15.00 charge.

BILLING DUE DATE

Billing invoices state the payment due date. Payment needs to be made on or before this date to hold your child's current class. After this date Midwest will call customers on the waitlist and open the class to new registration families.

ARRIVAL AND PICKUP

Be sure your student arrives 5 minutes before his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Instruct our student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our "students" may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

WHAT TO WEAR

Boys and Girls may wear tucked in t-shirts and shorts OR Leotards for the Girls. No chewing gum or dangling jewelry. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. Personal items should be left in cubby holes. PLEASE LEAVE JEWELRY ARTICLES AT HOME. Midwest Gymnastics staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name

BILLING AUTHORIZATION:

I represent and warrant that if I am purchasing something from Midwest Gymnastics or from Merchants that (i) any credit or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) Midwest Gymnastics to charge my bank, or credit card account. I understand the Drop procedure is the same by paying online or auto pay.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I represent and warrant that if I am purchasing something from Midwest Gymnastics or from Merchants that (i) any credit or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) Midwest Gymnastics to charge my bank, or credit card account. I understand that a 30 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify Midwest Gymnastics Little Canada in writing to drop my student from classes. Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

RELEASE WAIVER:

As legal guardian of all of my student(s), I hereby consent to the all person(s) participating in the Midwest Gymnastics program. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general.

I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby COVENNANT NOT TO SUE and FOREVER RELEASE the Midwest Gymnastics, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in the Midwest Gymnastics program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

By signing below I'm stating that I'm agreeing to the all of the above stated terms.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Date: _____

Media Release Waiver (preferred but not required):

As legal guardian of all of my student(s), I hereby consent to Midwest Gymnastics to allow any media taken of my child to be use for display and publications purposes only. Midwest Gymnastics may notify any set parent or guardian if a photo, video or any other form of media has been taken and may be viewed by the open public. Also by signing below I understand that any media of my child may be used on a coupon, postcard, on the website.

By signing below I'm stating that I'm agreeing to the above media terms.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Date: _____