



Registration Form

Student Info

First Name _____ Last Name _____
DOB _____ Gender _____ Age _____
Street Address _____ City _____ State _____ Zip _____

Family Info

Contact No. 1 _____ Relation to Student _____
Street Address _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address (please print clearly) _____

Contact No. 2 _____ Relation to Student _____
Street Address _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address (please print clearly) _____

Please notify _____ in case of an emergency. Best phone number to be reached at _____.

How did you hear about us? If referred by a friend, please be specific. _____

Gym Policies (please read thoroughly)

- There is a \$40 non-refundable annual family registration fee which is due upon enrollment.
- Tuition is due by the 5th of each month. We reserve the right to charge a 5% late fee for payments received after the 5th. EFT payments are pulled on the 1st of every month. If we are unable to successfully draft payments from your EFT Account we are not responsible for any overdraft fees. We reserve the right to charge a \$10 fee for any ACH or CC transactions that are not able to be processed. Additionally, we reserve the right to charge a \$25 fee for any checks returned for insufficient funds.
- **All (not just those paying by EFT) enrolled students, must give the office 15 days written notice to cancel a contract.**
- Make ups: Every student is allowed one make up per month due to illness or holiday/weather related closings. **Each make up must be scheduled ahead of time to ensure enough space in the class.** If the class is not made up the cost is forfeited.
- Sibling/Multi-Class Discount: Only one student per family pays full price. Ask about our sibling discounts.
- **All spectators must remain in the bleacher/viewing areas during classes.** Only gymnasts and coaches are allowed in the gym. Only gymnasts enrolled in a Pip Squeak class may be accompanied by an adult on the gym floor.
- With the exception of small earrings, no jewelry (including belly button rings) is to be worn during classes. Clothing with zippers, snaps, or buttons is not allowed. Girls' hair must remain tied back at all times.

LIABILITY RELEASE AND INDEMNIFICATION: Prior to participation, this form must be signed by at least of the participant’s parents or legal guardians if the participant is not yet 18 years old. Participant’s signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant: _____ (the “Gymnast”) DOB _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name (print): _____

In consideration of Prestige Fitness and Gymnastics or Inferno Fit Inc. allowing the gymnast or registrant to participate in sports activity, class, competition, team, including non-gymnastics activities such as dance, cheerleading, cardio and fitness classes, and playground activities (hereinafter referred to as the “Activity”), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term “I” in this release refers to both the gymnast and his or her parents or legal guardians):

- (1) **Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the gymnast’s or registrant’s actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the “Released Parties” named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast’s or registrant’s participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.
- (2) **Representation of Ability to Participate.** I understand the nature of the Activity, and represent that the gymnast or registrant is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast or registrant, then it will be my responsibility immediately to discontinue the gymnast’s or registrant’s participation in the Activity.
- (3) **Release.** I hereby release, acquit, covenant not to sue, and forever discharge Prestige Fitness and Gymnastics Center, Inc., Inferno-Fit Inc., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the “Released Parties”) of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast’s or registrant’s participation in the Activity and the transportation of the above named gymnast or registrant to and from the Activity (collectively “Released Claims”).
- (4) **Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney’s fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast’s or registrant’s behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian

Date

Signature of Other Parent/Guardian

Date

PHOTO RELEASE

I hereby grant permission for my child to be included in photographs and/or videos of my child’s activities at Prestige Fitness and Gymnastics Center, Inc. and Inferno-Fit Inc.. I understand that images may appear in forms such as display panels, brochures, websites, newspaper or other such publications and special projects such as memory books/videos. At no time will the names of children be used in any of these sources. I agree that I am to receive no compensation for my child’s appearance and I also understand that I have no ownership rights to the photography or negatives.

Signature of Parent/Guardian

Date

Signature of Other Parent/Guardian

Date

CONSENT TO TREATMENT FORM

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of Participant: _____ (the "gymnast") DOB: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name (print): _____

Other Parent/Guardian Name (print): _____

In consideration of Prestige Fitness and Gymnastics Center, Inc. ("Prestige") or Inferno-Fit Inc. ("Inferno-Fit") allowing this individual to participate in sports activity, class, competition, team, including non-gymnastics activities such as cardio and fitness classes, dance, cheerleading, and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old, my parents or legal guardians, hereby consent and agree as follows (the term "I" in this release refers to both gymnast and his or her parents or legal guardians):

In the event of an injury, illness or emergency medical situation arising while I am training or otherwise on the premises of Prestige and Inferno-Fit engaged in any Activity, I hereby authorize Prestige to contact my personal physician, a medical professional of my choosing, or emergency medical personnel and to call for ambulance or rescue services for the purposes of transporting me to a healthcare facility of my choosing or to a facility within the discretion of any responding emergency medical personnel. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, however, Prestige or Inferno-Fit will not delay in contacting emergency medical professionals to secure medical treatment for me if my parent or guardian cannot be reached. The parent or guardian's phone number is as follows: _____.

Please provide the following information regarding the participant:

Participant's Personal Physician: _____

Doctor's Address: _____

Doctor's Phone: _____

Participant's Medications: _____

Participant's Allergies: _____

Participant's Significant Medical History: _____

Primary Medical Insurance Carrier/Policy #: _____

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for the participant's protection. This consent shall remain effective from the date below unless sooner revoked in writing and delivered to Prestige Fitness and Gymnastics Center, Inc. It is the responsibility of the Parent (s) and/or Guardian (s) to notify Prestige Fitness and Gymnastics in writing of any changes in hospitalization, health and accident insurance coverage as well as any information contained herein as originally reported.

I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian

Date

