

WELCOME TO WINDSOR GYMNASTICS ACADEMY

POLICIES AND PROCEDURES

(PLEASE KEEP THIS FOR YOUR RECORDS)

Thank you for choosing our gym for preschool, gymnastics and cheerleading!

This sheet is to inform you of our policies and procedures for our facility. Due to safety issues, all parents must remain outside of the gym, unless you are in a Parent Tot class and accompanied by a trained coach. We provide a viewing room for your pleasure where you can view your child during their class. You are responsible for children you bring into the viewing area. If you choose to leave the building during your child's class you must come back into the building to pick up your child. No child is allowed to wait outside for parents.

SCHEDULE: MONTHLY TUITION FOR ALL OF OUR PROGRAMS

PAYMENTS: WGA IS NOW PAPERLESS. WE WILL NOT SEND OUT A REMINDER THAT YOUR TUITION IS DUE. IT IS YOUR RESPONSIBILITY TO MAKE YOUR MONTHLY TUITION PAYMENT ON TIME.

ALL PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH.

LATE FEES: \$20 WILL BE APPLIED AFTER THE 5TH OF THE MONTH.

PAYMENT OPTIONS: WE OFFER AN AUTOMATIC WITHDRAWAL PAYMENT PROGRAM THAT WITHDRAWS ON THE 1ST OF EVERY MONTH FROM YOUR DEBIT/CREDIT CARD.

STUDENT FILE FOLDERS: ALL STUDENTS WILL HAVE A FILE FOLDER IN OUR BOXES LOCATED IN OUR FRONT BUSINESS OFFICE. WE WILL PUT ALL INFORMATION AND BILLS IN THESE FOLDERS. PLEASE MAKE SURE YOU OR YOUR CHILD CHECKS THESE BOXES ON A DAILY BASIS.

MAKE-UPS: WE OFFER ONE MAKE-UP PER MONTH. THIS MAKE-UP MUST BE SCHEDULED WITH THE BUSINESS OFFICE.

CANCELATIONS: UNLESS YOU CONTACT THE BUSINESS OFFICE THE STUDENT IS AUTOMATICALLY ENROLLED FROM MONTH TO MONTH.

REGISTRATION FEE: ALL STUDENTS ARE REQUIRED TO PAY AN ANNUAL \$20 STUDENT OR \$30 FAMILY REGISTRATION FEE AND TO FILL OUT OUR REGISTRATION FORM. ONCE REGISTERED OUR ANNUAL REGISTRATION IS CHARGED EVERY AUGUST.

EMAIL COMMUNICATION: WE WILL START UPDATING FAMILIES ABOUT SPECIALS OR ANY SCHEDULE CHANGES THROUGH EMAIL. PLEASE CONTACT THE BUSINESS OFFICE IF YOU ARE INTERESTED.

HOLIDAY CLOSURES: MEMORIAL DAY, 4th OF JULY, LABOR DAY, SPRING BREAK (1 WEEK, Windsor Schools), THANKSGIVING WEEK (1 WEEK), AND CHRISTMAS BREAK (2 WEEKS). NO REFUNDS OR PRORATES. *(Please note that with the holiday closures, this works out to be 4 classes a month within a calendar year. This is factored into your tuition).*

SNOW DAYS: WE WILL FOLLOW THE SCHOOL CLOSURES IN WELD COUNTY RE-4 DISTRICT. WE WILL OFFER A MAKE-UP CLASS.

WINDSOR GYMNASTICS ACADEMY

687 Academy Ct. Windsor, CO 80550

P: 970.686.6175 F: 970.686.6233

www.windsorgymnasticsacadmey.com

REGISTRATION FORM

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP _____

HOME PHONE: _____ E-MAIL: _____

REGISTRATION DATE: _____

1. STUDENTS NAME: _____ DOB: _____ SEX: _____ CLASS: _____

2. STUDENTS NAME: _____ DOB: _____ SEX: _____ CLASS: _____

3. STUDENTS NAME: _____ DOB: _____ SEX: _____ CLASS: _____

4. STUDENTS NAME: _____ DOB: _____ SEX: _____ CLASS: _____

Child (ren) live with (circle one): Both Parents/Mother/Father/Other: _____

EMERGENCY CONTACTS (*OTHER THAN PARENTS*):

1. _____ PHONE: _____

2. _____ PHONE: _____

HOW DID YOU HEAR ABOUT US?

(Required)

COUPON

FRIEND

YELLOW PAGES

REFERRAL

DRIVE BY

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

In consideration of participating in the _____Gymnastics_____, I represent that I understand the nature of the 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 "release" 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 Windsor Gymnastics Academy, its respective administrations directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers 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 I, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes 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 incur as the result of such 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 PARTICIPANT

DATE: _____

PARENT CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced such activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity, I hereby Releases, discharge, covenant not to sue and AGREE TO INDEMNIFY SAVE AND HOLDS HARMLESS each of the Releasees from liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in the 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 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 any such claim.

PRINTED NAME OF PARENT/OR LEGAL GUARDIAN

DATE: _____

SIGNATURE OF PARENT/OR LEGAL GUARDIAN

PHONE NUMBER IN CASE OF EMERGENCY

PERMISSION FOR MEDICAL TREATMENT

IN CASE OF AN EMERGENCY, I GIVE CONSENT TO WINDSOR GYMNASTICS ACADEMY INC. TO SEEK MEDICAL CARE FOR THE AFOREMENTIONED CHILD (REN) SHOULD IT BECOME NECESSARY IN THE COURSE OF SUCH ACTIVITIES.

PRIMARY ACCIDENT/MEDICAL INSURANCE

CARRIER: _____

PRIMARY FAMILY PHYSICIAN: _____

PHONE: _____

PLEASE LIST ANY CONDITIONS EITHER MEDICAL OR SOCIAL) THAT WE SHOULD BE AWARE OF

PARENT SIGNATURE: _____ DATE: _____

PARENT ACKNOWLEDGEMENT OF RISK

1. Consent to Participate/statement of risks

As legal guardian of _____ I hereby give my consent for the aforementioned child(ren) and/or myself to participate in any of the Windsor Gymnastics Academy programs. I fully understand that participation in any activity that involves motion, including gymnastics, dance, tumbling, trampoline, cheerleading, and related activities even under the best of conditions carries with it a reasonable assumption of risk. I recognize and understand that potentially severe injuries, including permanent paralysis or death can occur. Also recognize that certain mid-torso touching is necessary for body alignment and correction purposes. I understand that it is the express intent of Windsor Gymnastics Academy, Inc. to provide for the safety and protection of myself and my child (ren). PARENT INITIAL: _____

2. Acknowledgement of Risk

In consideration for allowing myself and/or my child(ren) to use the facilities, equipment, participate in programs and activities sponsored by Windsor Gymnastics Academy, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation.

PARENT INITIAL: _____

3. Release of Liability

I hereby release, discharge and/or otherwise indemnify Windsor Gymnastics Academy, and its affiliated organizations, sponsors, employees and the personnel (whether paid or volunteer), and any owners of premises used to conduct its' programs and activities against any and all claims by or on behalf of myself and/or my child(ren) as a result of participation in the programs or activities and/or being transported to or from the same, to the fullest extent permitted by law.

PARENT INITIAL: _____

4. Consent for medical treatment (minor)

I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medical and /or Dr. of dentistry. This care may be given under whatever circumstances necessary to preserve the life, limb or well being of my child (ren).

PARENT INITIAL: _____

Should it become necessary for Windsor Gymnastics Academy, Inc. or someone on Windsor Gymnastics Academy's behalf to incur attorney's fees and costs regarding my or my child (ren)'s participation in this activity, I agree to pay Windsor Gymnastics Academy, Inc. reasonable costs and attorney's fees if Windsor Gymnastics Academy, Inc. is not held liable for my or my child (ren)'s injuries or damages. I certify that I have adequate insurance to cover any injury or damage I or my child (ren) may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I represent that I am the registrant and/or the parent or legal guardian of the minor child (ren) listed above. I represent that I have read, understand, and agree with the above statements.

PARENT OR GUARDIAN SIGNATURE

DATE

**Please Sign and date acknowledging you understand and agree with Windsor
Gymnastics Policies and Procedures.**

I, _____ have read and agree to comply with Windsor Gymnastics
Academy's policies and procedures.

PRINTED NAME:

DATE:

SIGNATURE:

CHILD'S NAME

Automatic Withdraw Payment Release Form

For

Windsor Gymnastics Academy

I _____ give permission for WGA to charge my
(PRINT)
credit or debit account in the amount of \$ _____ on the
first of each month to pay tuition. My information is as follows:

VISA OR MASTERCARD OR DISCOVER
(CIRCLE ONE)

NAME ON CARD: _____

CARD NUMBER: _____

EXP. DATE: _____

STREET ADDRESS: _____

ZIP CODE: _____

THREE NUMBERS ON THE BACK OF THE CARD: _____

DATE EFFECTIVE: _____

SIGNATURE: _____

THANK YOU FOR YOUR BUSINESS!!