



10058 SW Arctic Dr. Beaverton, OR 97005

kineticGC.com 503.372.9778

REGISTRATION FORM

Student's Name _____ Age _____ DOB _____ Sex _____

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Student's Name _____ Age _____ DOB _____ Sex _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Employer _____ Phone _____ Ext. _____

Father's Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Employer _____ Phone _____ Ext. _____

E-mail: (We will send info about tuition reminders, camps/clinics, etc.) _____

Emergency Contact (other than parent) _____ Phone _____

Relationship to student _____

Are there any physical, medical, mental or emotional needs we need to be aware of when working with your child? _____

If yes, please list specific needs _____

Family Doctor _____ Phone: _____

Medical Insurance Co. _____ Policy# _____

KINETIC GYMNASTICS CENTER TERMS AND CONDITIONS

The undersigned, being the parent/legal guardian of the student enrolled with Kinetic Gymnastics Center LLC does hereby agree to the following:

Billing and Payments: Tuition is paid by session and due on the FIRST DAY OF THE SESSION. All students will be charged a yearly non -refundable registration fee paid at the time of enrollment.

Terms: All tuition is due the first day of each session. You agree to pay all tuition covering classes for which your child is enrolled. If you should receive 5 classes during the month instead of 4 there will be no extra charge although it will be considered a balancing factor for those months when Kinetic Gymnastics Center is closed for holidays. Accounts not current by the 10th of month will be considered past due and will be assessed a late fee of 10% for each overdue payment. We accept cash, checks (made payable to Kinetic Gymnastics Center), as well as MC, VISA, or AMEX we also offer an automatic tuition payment plan. Please ask the front desk for this form.

A **\$20** charge will be assessed for any returned checks.

Cancellation: Kinetic Gymnastics Center LLC must be notified if your child is not continuing enrollment in the subsequent month/session. If you choose to withdrawal your child from class, please provide a 1 week written notice. These forms are available at the front desk or on our website.

Refunds: Registration fees and tuition are non-refundable. If for some reason, your child needs to discontinue classes after tuition has been paid and student has attended the first week of classes, we do not refund any or all of the tuition. The only exception to this is in the case of extended illness or injury – we will review on a case by case basis. Kinetic Gymnastics Center requires a 2 week written notice of any intent to discontinue your child’s enrollment. This gives us an opportunity to allow children who may be on a waiting list to join the class as soon as possible. Kinetic Gymnastics Center also has a policy for 1 make-up class per session within 2 weeks of the missed class and assuming there is available space in a similar class.

Permission to Photograph: I give permission for Kinetic Gymnastics Center to take photographs of my child(ren) and have them printed in the newsletter, on Kinetic’s website and/or in any flyers or brochures promoting Kinetic programs.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.

Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY WAIVER

Name of Child(ren) Participant(s)(under 18) _____

Name of Adult/Parent Participant(over 18) _____

I (we), recognize that despite all reasonable precautions implemented for safety, potentially severe injuries including permanent paralysis or death can occur in any activity involving height or motion, including but not limited to gymnastics, tumbling, trampoline and cheerleading. I (we) knowingly and willingly assume all such risks and therefore I consent to the aforementioned person and/or myself participating in **Kinetic Gymnastics Center LLC's programs**. Consequently I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of **Kinetic Gymnastics Center LLC** from personal injury or accident of any sort or nature suffered by myself or my child by reason of participation or membership classes, lessons or any programs or activities of **Kinetic Gymnastics Center LLC**.

In addition, I (we) hereby give permission to trained medical professionals to administer emergency medical treatment to my child(ren) should sickness or accident occur in my absence.

Parent/Guardian (or self over 18 years) _____ Date _____

Office use only

Start Date: _____

Child _____ Session Cost: _____

Class Name: _____ Paid: _____

Days: M _ T _ W _ TH _ F _ S _____ Time: _____

Child _____ Session Cost: _____

Class Name: _____ Paid: _____

Days: M _ T _ W _ TH _ F _ S _____ Time: _____

Child _____ Session Cost: _____

Class Name: _____ Paid: _____

Days: M _ T _ W _ TH _ F _ S _____ Time: _____

Entered in Quick Books: _____

Entered in Email: _____

