



9625 E 150th St Suite 104 Noblesville IN 46060
 Phone: 317-773-7266 Fax: 317-773-8966
 Web: www.aplusingymnastics.com
 Email: customerservice@aplusingymnastics.com

2009-2010 Student Registration Form

PLEASE READ ALL OF THE AGREEMENT BEFORE REGISTERING

Today's Date: _____

Student (1) Name: _____ Date of Birth ____/____/____ Age: _____ Sex: M F

Describe any medical conditions including allergies we should be aware of: _____

Student (2) Name: _____ Date of Birth ____/____/____ Age: _____ Sex: M F

Describe any medical conditions including allergies we should be aware of: _____

Student (3) Name: _____ Date of Birth ____/____/____ Age: _____ Sex: M F

Describe any medical conditions including allergies we should be aware of: _____

Student (4) Name: _____ Date of Birth ____/____/____ Age: _____ Sex: M F

Describe any medical conditions including allergies we should be aware of: _____

Contact Information:

Mother/Guardian: _____ Cell: _____ Work: _____ Home: _____

Address _____ City _____ State _____ Zip _____

Email address _____ Would you like to receive program information at this email address: yes no

Father/Guardian: _____ Cell: _____ Work: _____ Home: _____

Address _____ City _____ State _____ Zip _____

Email address _____ Would you like to receive program information at this email address: yes no

Emergency Contact:

Physician Name (to be called in case of an emergency) _____ Phone Number: _____

Medical Insurance Company: _____ Policy # _____

Note: In case of extreme emergency we call emergency services immediately.

Person to notify in case of Emergency (If parent cannot be contacted):

Name: _____ Relationship: _____ Phone Number(s): _____

How did you hear of A Plus Gymnastics Center? Please mark all that apply & specify source if known:

- | | | |
|----------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> I am a returning customer | <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Customer Referral: _____ | <input type="checkbox"/> Web search: _____ | <input type="checkbox"/> Health & Safety Fair |
| <input type="checkbox"/> Magazine: _____ | <input type="checkbox"/> Phonebook: _____ | <input type="checkbox"/> Birthday Party |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Girl Scout Badge Event |

Agreement date: _____

Family name: _____
(For office use only)

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

READ CAREFULLY BEFORE SIGNING

In consideration of participating in activities at A Plus Gymnastics Center, Inc and Hamilton County Sports Complex, I represent that I understand the nature of this 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 "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 I incur as a result of my participation in this Activity.

I hereby release, discharge, and covenant not to sue A Plus Gymnastics Center, Inc and NFCC (DBA- Hamilton County Sports Complex), it's 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 on 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 may incur as a 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 of 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.

PARENTAL CONSENT: AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in party 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 a 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 costs which may incur as the result of such claim. _____ (Initial)

REFUNDS AND CREDITS: Refunds and credits WILL NOT be given for the days that child(ren) are absent except in cases of valid medical excuse from a physician. Once a medical excuse is received, refund checks must be picked up within 3 weeks of the last attended class. Refund checks will not be mailed. _____ (Initial)

MEDIA RELEASE: I hereby authorize A Plus Gymnastics Center and the NFCC d/b/a Hamilton County Sports Complex to use my child(ren)'s image/likeness/voice in still photos, slides, video productions, voice recorded productions, radio coverage, television coverage and/or any other media for any promotional or advertising purpose without compensation. _____ (Initial)

RECEIPT OF POLICIES AND PROCEDURES: I have read and understand A Plus Gymnastics Center's Policies and Procedures for the current school year. I understand that if a child misses 4 consecutive classes and tuition has not been paid, he/she will be dropped from the class. If a child is dropped without a written notice from the parents, a \$10 fee will be charged to the account and must be paid before child is allowed to re-enroll and attend classes. _____ (Initial)

(Printed Name of Student 1) (if the student is an adult, sign) (Date)

(Printed Name of Student 2) (if the student is an adult, sign) (Date)

(Printed Name of Student 3) (if the student is an adult, sign) (Date)

(Printed Name of Student 4) (if the student is an adult, sign) (Date)

If any student is a minor, the name of Parent or Legal Guardian (print & sign) (Date)

Relationship to the student(s)