

2016-2017 Fall Registration Form

Payment Amt: _____ Payment Type: _____ Date: _____

How did you hear about River City? Friend _____ Former Student _____ Phone Book _____ Birthday Party _____ Kid's Directory _____ Web Site _____ If other, please list _____

Family Information:

Contact #1 First Name _____ Last Name _____

Type: Mother: _____ Father: _____ Guardian: _____ Other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Contact #2 First Name _____ Last Name _____

Type: Mother: _____ Father: _____ Guardian: _____ Other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Family Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Phone Number: _____
(Other than parents)

First Student Information:

Student's First name _____ Last Name: _____

Student Gender: _____ Student Birthdate: _____ (mm/dd/yyyy) Student Age: _____

Disabilities/Medical Conditions: _____

Class selected: _____

Second Student Information:

Student's First name _____ Last Name: _____

Student Gender: _____ Student Birthdate: _____ (mm/dd/yyyy) Student Age: _____

Disabilities/Medical Conditions: _____

Class selected: _____

Medical Emergencies:

The undersigned gives permission to River City Gymnastics, its owners and operators to seek medical treatment for the participant, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physican _____ be called at _____ and that my child be reported to _____ hospital.

Parent/Guardian Signature _____ Date: _____

Picture Release:

I hereby give River City Gymnastics, its agents and/or assignees permission to use the photographs taken of my children for publicity and promotional purposes. I relinquish all rights, title, and interest I may have in the finished pictures and hereby release River City Gymnastics from any and all claims or demands for damages of any kind whatsoever arising from the use of said material. I am of legal age and freely sign this release, which I have read and understand.

Parent/Guardian Signature _____ Date: _____

_____ has my permission to attend River City Gymnastics for instruction and to use its facilities. I confirm that he/she is in good health. River City Gymnastics, Inc., may call a doctor or the person listed on the previous page in the event of an emergency if I cannot be reached. I also give River City Gymnastics, Inc., its owners, directors, officers and agent's permission to obtain emergency medical treatment for my child if it is needed and I cannot be reached. I have been informed by River City Gymnastics, Inc., via this release form, and I fully understand that any activity involving motion or height necessarily including the activities for which my child is enrolled, create the possibility of serious injury or death from landing or falling on the head or neck. I fully assume this risk on behalf of my child and myself. I acknowledge that this risk can be significantly reduced by properly following the River City rules and policies. In consideration for the services received and the risks assumed by me on my own behalf and that of my child, River City Gymnastics, Inc., and its owners, directors, officers, agents, employees, contractors, instructors, attendants and assigns are fully and absolutely released and discharged from all claims for injury, disability, disease, damage, loss and expense (past, present and future) arising out of or connected in any manner with any accident or injury sustained by my said child and his or her heirs, executors, assigns, and representatives, while said child is engaged in any activity directed, sponsored, conducted or maintained at or by River City Gymnastics, Inc., its owners, directors, officers, agents, employees, instructors, attendants and assigns. This release is executed of my own free will as consideration for access to the services, facilities and equipment of River City Gymnastics, Inc. I fully understand everything contained in this release and agree.

Parent/Guardian Signature _____ Date: _____

Payment Information:

Tuition plus a non-refundable \$30 registration fee (yearly fee) is due upon registration. Tuition is due by the 10th of each month. If accounts are paid after the tenth, a late charge of \$25.00 will be applied to the account balance.

_____ I have read above and agree.
Initial

Classes will begin August 29th and will continue through May 25th. Enrollment is continuous until the end of the term unless a drop notification is received. We require written notice prior to the start of the next month. Drop notice forms are available on our website under contact us. After four consecutive absences without payment and/or without drop notification, enrollment will be terminated and the current balance will still be owed.

_____ I have read above and agree.
Initial

Gymnastics tuition will be automatically drafted from your checking account or credit/debit card of your choice (VISA or Mastercard). Charges will be processed each month on the day of your choice (1st, 5th, or the 10th). I authorize River City Gymnastics, Inc. to initiate debit entries to my checking or credit card account and to debit the same account monthly. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until River City has received written notice, prior to the next month starting, of its termination in such time and in such manner as to afford River City and the bank/credit institution a reasonable time to act upon it.

_____ I have read above and agree.
Initial

Billing Draft Date (Please circle one): 1st, 5th, or 10th _____
Initial

2015-16 Gymnastics Payment Choices:

Family Name: _____

Automatic Credit Card Payment: (Primary _____ Secondary _____)
(VISA or MasterCard only)

Credit Card Type: _____ Name as it appears on card: _____

Credit Card #: _____ Exp Month: _____ Year: _____

Billing Address: _____ City, State, Zip: _____

Automatic Checking Draft: (Primary _____ Secondary _____)

Bank Name _____ Bank Routing #: _____

Bank Account #: _____ Type of Account: _____

Name as it appears on Account: _____