

# Registration / Waiver / Medical Release Form

## Regular Program, Private Lesson, Evaluation

Updated: 06/01/2022

**1** Student/Child **First Name:** \_\_\_\_\_ **Mid.:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Birthdate:        /        /        (circle one)        Gender: M / F        School:        Grade:

Home Address:        City:        Zip:

Email Address:        Ph.# 1:        Ph.# 2:

Mother Name:        Occupation:

Father Name:        Occupation:

Have you or any member of the family been registered with Zenith Gymnastics before?    Check one: Yes     No

Are there any medical conditions that we should be aware of with the above named student?    Check one: Yes     No

If Yes, explain:

**2** **Student Profile:** Please briefly describe child/athlete resume; sports, past gym(s), coach(es), levels, years, meet placements if any:

(circle one)  
Competitive Athlete only: USAG or TAAF #:        Last Gym and City:

**3** **Release and Waiver Form: *Read very carefully...***

I give my approval for my child, or the above named student participation in any and all activities of the program, including use of inflatables. I hereby forever waive, and forever release and discharge Zenith Elite Gymnastics Academy LLC (ZEGA), their officers, directors, employees and agents from all liabilities, all damages, and injuries suffered by the participant in connection with use of equipments, instructors, and facilities. I understand that participation is entirely by my own choice and with the understanding that there are risks, the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. ZEGA is not responsible in any way, for anything that happens before, or after the students designated class, birthday party, Friday night out, sleep over time or any activity organized by ZEGA.

**Medical Attention:** I understand that Zenith Elite Gymnastics Academy (ZEGA) staff members are not physicians or medical practitioners of any kind. I however authorize the representatives of ZEGA, or any healthcare provider made available by ZEGA to render first aid to my child, or the above named student, and if deemed necessary to provide emergency medical services through a medical staff of ZEGA choice, transportation by a ZEGA staff or member, or the calling of an ambulance, that may be required due to an injury or illness during any activity at or for ZEGA. I also acknowledge that medical insurance is not provided by ZEGA.

**Media Material:** I hereby grant permission for ZEGA or ZEGA representatives to record any or all of my child, or the above named student participation in the program or special events for pictures, videos, website, flyers and other media, and to use them in any matter to ZEGA promotion or ZEGA advertising purposes only. I agree to receive email promotions or news from Zenith.

- Check Mark here  if I do not grant permission for ZEGA to use media material with my child to advertising purpose.

- Check Mark here  if I do not agree for ZEGA to occasionally send me email promotions or news from Zenith.

I do hereby verify that I have read, understood, and accepted each of the above policies and conditions shown.

**Date**                      **Signature**                      **Printed First & Last Name**                      **D.L. # / State**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**4** ➤ **Please, how have you heard about us?**

(you may check mark more than 1 box if need be)

Ad / Flyer                       Newspaper / Article                       Website

Drove by                       Facebook                       Friend

Other (please specify):



➤ **Referred by (if any):**

**Section 5 through 7 to be filled only when signing up for the program.**

**5** Student/Child **First Name:** \_\_\_\_\_ **Mid.:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

A lot of the communication, updates, schedule, news etc.. is done by email. Please confirm email address(es):

**1<sup>st</sup> Email:** \_\_\_\_\_ **2<sup>nd</sup> Email (optional):** \_\_\_\_\_

**6 Medical Information:**

Emergency Contact Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_  
 Family Doctor Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_

List Medical / Existing or Past Injury / Allergies / Medication taken regularly :

**7 By initialling and signing below, I understand and agree that..**

\_\_\_\_\_ : Tuition is based on a yearly calendar, divided by 12 months. We guarantee a minimum of 48 classes per year. Monthly tuition remains the same for months with 5 weeks, as well as for months with 4 weeks or holiday closures.

\_\_\_\_\_ : Tuition is due on the 1<sup>st</sup> of the month. A \$10.00 late fee is assessed after the 7<sup>th</sup> of the month. Additionally, a \$15.00 fee is applied to all competitive student accounts if tuition is not paid by the 1<sup>st</sup> of month. If tuition is not paid in full by the 15<sup>th</sup> of the month, the student will be asked to sit out of class, until payment is received. Tuition rates maybe revised at any time, and is communicated the month prior to the new rate taking effect . The Registration fee or Visitor fee are due when signing up, and each year on the anniversary month of initial registration. Additionally, a \$30.00 fee is charged on all returned checks. Tuition, Registration and Visitor fees are not transferable. Registration and Visitor fees are not refundable.

\_\_\_\_\_ : **There is a 30 days drop/hold notice policy.** The student may drop the program at any time, however to stop all charges to the account, a drop/hold notice form must be filled out and returned with signature and payment to the front office 30 days prior dropping. If the 30 days is not used, a credit will be applied to the 1<sup>st</sup> month back as long as the student returns within 90 days of the notice received.

\_\_\_\_\_ : One make up per class per month is allowed for recreational programs. Make ups must be booked in advance with front office and depends on class availability. There is no make up for holiday closures. No make up classes are allowed for competitive program students.

\_\_\_\_\_ : There will be no classes on.. Memorial day, the week of July 4<sup>th</sup>, Labor day, afternoon on the Halloween Day, Thanksgiving Thursday through Saturday, and from Christmas Eve until McKinney school resume in January. However competitive teams may have regular or partial practices. Holiday closures cannot be made up. Closures due to hosted meets or extreme bad weather can be made up.

\_\_\_\_\_ : Student must be picked up inside the building, and promptly after class. Unless prior arrangement have been made, the staff is not responsible for unattended children before or after class times. Neither Zenith nor the staff is responsible for Team students staying on the premises before, between or after practices. If the child has yet to be picked up after 30mins of the gym closure and no successful contact was done with parents, the staff will alert the police department so that an officer may give safe transport.

A detailed "Rules and Policies" has been given to me, and is also available online at [www.zenithgym.com](http://www.zenithgym.com). I do hereby verify that I have read, understood, and accepted each of the preceding policies, conditions shown front and back on this form, as well as the details as stated in the "Rules and Policies".

<b>Date</b>	<b>Signature</b>	<b>Printed First &amp; Last Name</b>	<b>D.L. # / State</b>
_____/_____/_____	_____	_____	_____



4260 W. Eldorado Pkwy  
McKinney, TX 75070

**Office Use Only:** [ Day | Time | Level | Coach ]

Try Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Try Out Class: \_\_\_\_\_

On Coach Roll Sheet       In PS       Created "Follow up" note in PS

Sign up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sign Up Class: \_\_\_\_\_

On Roll Sheet     In QB     PS Updated     Closed "Follow up" note PS     Welcome Email Sent     Team Initial List received