

Phenom Gymnastics Registration Must return this form to Business Office prior to participation

Class Day/Time _____

STEP 1 Parent/Guardian/Billing Contact

First Name _____ Last Name: _____
 Address (street) _____ (City) _____ (state) _____ (zip) _____
 Home Phone _____ Cell Phone _____ Other _____
 E-mail (we will not share this---for in-house purpose/emails only) _____
 May we use pictures of your child (nameless of course) for advertising/promotions? YES NO
How did you hear of us? Friend: _____ Social Media: _____ Other: _____

STEP 2 Participant Information (up to 3 names per form, per family) _____ registered or added names online

1. Participant's Name _____ Sex _____ Age _____ Birthday _____
 2. Participant's Name _____ Sex _____ Age _____ Birthday _____
 3. Participant's Name _____ Sex _____ Age _____ Birthday _____

STEP 3 Emergency Information and Permission to Provide Assistance

Emergency Contact (other than parent) _____ Telephone _____
 Does the student have any medical conditions or taking any prescriptions to which we should be alerted? YES NO
 If yes, please explain: _____
 I understand that it is the express intent of Phenom to provide for the safety and protection of my self and my child(ren). I further understand that safe, professional gymnastics and related instruction often includes hands-on spotting to my child.
 I understand that the employees, coaches, agents, teachers, and volunteers of Phenom Gymnastics, Inc. or other adjunct programs or events ("Phenom Staff") are not physicians or medical practitioners of any kind. Nevertheless, I hereby agree that Phenom Staff may render first aid to the students listed above in the event of any injury or illness, and if deemed necessary by Phenom Staff, to call a physician and to seek medical help, including transportation by Phenom Staff to any health care facility or hospital. _____ (initial)

STEP 4 Acknowledgement and Assumption of Risk and Waiver of Liability

I, _____ represent I am the legal guardian of _____ ("Participant") and hereby consent to all Participant's (including myself/and or spouse/nanny/guardian/grandparents, and/or any adult out on the gym floor) participation in all programs of Phenom Gymnastics, Inc. (all such entities hereafter collectively referred to as "Phenom") or other programs or events conducted in association with Phenom ("Programs"). I recognize that participation in any or all of the Programs will include a variety of activities including without limitation dance, gymnastics, tumbling, trampoline activities, fitness, and/or martial arts, and other activities that such inherently have significant risks of injury as a result of many factors including but not limited to use of equipment, exposure to heights, lights, loud music, fast motions, being inverted, or coming into contact with hard or stationary structures. Furthermore, these risks exist even if all due care is taken, but may be even more prominent in the event of the negligence of an employee or agent of Phenom or of another Participant, or due to features of the premises on which the Programs are conducted. I understand that severe injuries could result from the Participant's participation in one or more of the Programs, and that such injuries may include contagious disease, paralysis, permanent serious injuries or disfigurement, or death. I also recognize that efforts to provide first aid or other assistance to Participant may result in unintended increased injury to Participant. Although the risk of participation in the Programs cannot ever be eliminated, I agree to advise the Participant of the aforementioned risks, and to encourage the Participant to follow any safety rules and the coaches' instructions. I represent and warrant that there is now in place, and there will continue to be during all times that Participant is participating in the Programs, proper hospitalization, health, and accident insurance coverage, which I consider adequate for Participant in light of their participation in the Programs. With knowledge of the aforementioned risks, on behalf of Participant and myself, and all other persons with the ability to make a claim through or on behalf of the Participant, I hereby assume the risks of Participant's participation in the Programs, and hereby release Phenom Gymnastics, Inc., its owners, officers, employees, coaches, agents, teachers, and volunteers (the "Phenom Personnel") from all claims and/or liability for damages and/or injuries of any kind or nature suffered by Participant on account of the Participant's participation in the Programs. I understand that Phenom is relying on the representations made herein, as well as this assumption of risk and release of liability, in agreeing to allow Participant to participate in the Programs. Accordingly, I agree to indemnify and hold the Phenom Personnel harmless with respect to any claims made against the Phenom Personnel by or on behalf of the Participant arising out of Participant's participation in the Programs.
THIS FORM INVOLVES SUBSTANTIAL LEGAL RIGHTS. BY SIGNING BELOW, YOU REPRESENT YOU HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS FORM AND AGREE TO BE BOUND THEREBY.

 Parent or Legal Guardian Date

TUITION AND PAYMENT INFORMATION: Phenom Gymnastics, Inc. does not issue refunds. All sales are final for any product and/or service purchased and/or provided by Phenom Gymnastics, Inc. Contingent on availability Phenom will provide a make up class for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments of my balances due on my Phenom account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration (unless given the option to wait until the 1st of the month if you are enrolled in auto-pay). If my payment is not received on or before the due date, Phenom will initiate electronic payments for any balances due on my account PLUS an administrative late fee up to \$25.00. All members must have a credit card on file. All information is kept confidential. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with Phenom. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the Phenom Gymnastics, Inc. Business Office in writing (30 day notice) that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$25.00 late/insufficient funds fee will be charged for all un-paid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Phenom to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, will be charged \$25.00 late fee each month until the account is paid in full or arrangements are made for payment. All currently enrolled students will be automatically charged an annual registration fee of \$50 (family) that will be posted to my account on the 1st of the month of my registration anniversary _____ (initials). Phenom Gymnastics, Inc. reserves the right to modify the terms of this agreement.

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Parent/Guardian Last Name _____ Parent/Guardian First Name _____

BILLING:

Option 1: _____ I would like auto billing. Please charge my credit card the 1st of each month for my balance due. Auto billing applies to programs that have a reoccurring monthly tuition. Fees for other products and/or services may be paid for at the time of purchase and/or registration, otherwise it will be charged the 1st of each month with any balances due. I understand if the above-named persons and/or participants are enrolled in a program that has reoccurring monthly tuition, I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit a Phenom Gymnastics class drop request. I understand that it is my responsibility to know my account balance and to pay on time, and not the responsibility of Phenom to send a reminder.

Option 2: _____ I will pay my account balance on or before the 21st of each month at the Phenom Gymnastics Business Office. If my payment is not received on or before the due date, Phenom will initiate electronic payments for any balances due on my account PLUS an administrative late fee of up to \$25.00. I understand that Phenom does not send a monthly bill and it is my responsibility to pay my account balance at the Phenom Office. I understand this only applies to programs that have reoccurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit a Phenom Gymnastics class drop request. You must have a credit card on file. I understand that it is my responsibility to know my account balance and to pay on time, and not the responsibility of Phenom to send a reminder.

Credit Card Information (Required)

Name as it Appears on Credit Card _____

Credit Card Number _____

Expiration Date _____ Three Digit Security Code _____

Address from Credit Card Account

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

Authorization Signature _____

Phenom's employees shall have the right to refuse service to, and to expel from its property, any person who engages in disruptive, intimidating or violent behavior; theft; property damage; or other conduct perceived by management to be dangerous or disorderly to Phenom Gymnastics, its employees or its customers. No refunds will be given. _____(initial)

THIRTY (30) DAY DROP POLICY

Phenom Gymnastics has a 30-day written notice drop policy. You must fill out a drop form, which is obtained at the front desk. You must fill the form out completely. The drop notice will not be processed unless completed, signed and dated. You will be responsible for 30 days of tuition and any other balances that are incurred during the 30-day period. (for example, if you fill out a drop request form on the 8th of the month (ie. July), and the form is complete, you will be responsible for tuition and balances due until the 8th of the next month (ie. August). Your remaining balance must be paid in full when you submit your drop notice _____(initial) Make up classes are offered for only those students who are currently enrolled and paid, and cannot be transferred. _____(initial)

I hereby have read the above information and understand the contents.

Signature: _____

Date: _____