



OFFICE USE ONLY	
Registration Fee:	_____
Tuition:	_____
Total:	_____
Payment Type:	_____

REGISTRATION FORM

Please fill out all sections completely. By signing below you agree to all covenants and provisions contained in this form, and state that all information is correct to the best of your knowledge. All information will be kept strictly confidential.

STUDENT INFORMATION:

1st Student's Name: _____ DOB: _____ M F Current Age: _____

(Front desk will fill out) Class/es: _____ Days/s: _____ Time/s: _____

2nd Student's Name: _____ DOB: _____ M F Current Age: _____

(Front desk will fill out) Class/es: _____ Days/s: _____ Time/s: _____

3rd Student's Name: _____ DOB: _____ M F Current Age: _____

(Front desk will fill out) Class/es: _____ Days/s: _____ Time/s: _____

GENERAL INFORMATION:

Parent(s) / Guardian(s)

Mom's Name: _____ Dad's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary # (Cell) _____ Secondary # (Circle - Home or Dad Cell) _____

Check box to opt OUT of receiving mobile alerts from Clarksville Elite Gymnastics Center. The only messages that will be sent will be in regards to payments, closings, schedule changes or other important dated information!

E-Mail (PLEASE PROVIDE): _____

Mom's Occupation: _____ Place of Business: _____ Phone: _____

Dad's Occupation: _____ Place of Business: _____ Phone: _____

EMERGENCY INFORMATION (OTHER THAN PARENT):

Contact Person's Name: _____ Relation: _____ Phone: _____

Doctor / Hospital: _____ Allergies: _____

Medical Conditions: _____

How did you hear about Clarksville Elite?

Referred by a friend: (Name) _____

Newspaper Television Exhibition/Clinic Internet/FB/Instagram

Phone book Flyer/Coupon Signs Driving By

ACCEPTANCE OF RISK AGREEMENT AND PHOTO RELEASE

READ CAREFULLY BEFORE SIGNING

By the very nature of the activities, gymnastics/cheerleading/martial arts carry the risk of physical injury. No matter how careful the participant and coach are, no matter how many spotters are used, no matter the height of the skill or what landing surface exists, the risk of serious injury, paralysis and even death cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bumps, scrapes and bruises as well as more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes the possibility of catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, and head.

1. By signing this statement the participant and their parent(s) or legal guardian(s) agree and acknowledge (I) that the entire risk of personal injury is assumed by said participant. (ii) That any claims, demands, liabilities or causes of action whatsoever arising out of any such personal injury are waived by the participant and their parent(s) a/o legal guardian(s) and the undersigned release and hold harmless Clarksville Elite Gymnastics Center/Elite Ninjas, its employees, agents, and all other persons expressly authorized by Clarksville Elite Gymnastics Center/Elite Ninjas who engage and assist in the instruction of gymnastics/cheerleading/martial arts; (iii) that the undersigned participant and parent(s) or legal guardian(s) will indemnify and hold harmless Clarksville Elite Gymnastics Center/Elite Ninjas, its employees, agents servants and all other persons, firms or corporations of and from any and every injury; (IV) that Clarksville Elite Gymnastics Center/Elite Ninjas, its employees, and all other authorized Clarksville Elite Gymnastics Center/Elite Ninjas personnel waive any claim they may have for personal injury which may be caused in whole or in part by the participant.
2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one or more time while the student is enrolled in Clarksville Elite Gymnastics Center/Elite Ninjas including but not limited to the following: while traveling to and/or from, present at, participating in any and all instructional classes, practice sessions, exhibitions, clinics, competitions or events.
3. I hereby authorize Clarksville Elite Gymnastics Center/Elite Ninjas to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Clarksville Elite Gymnastics Center/Elite Ninjas from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Clarksville Elite Gymnastics Center/Elite Ninjas is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Clarksville Elite Gymnastics Center/Elite Ninjas confers no rights of ownership whatsoever. I release Clarksville Elite Gymnastics Center/Elite Ninjas, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I have read and understand the risk explained above and accept said risk and terms with my signature. In the event that the participant is a minor, I hereby certify that I have witnessed and or participated in the explanation of the above mentioned risks to said minor in terms understandable to them and further agree that I am satisfied with said minors comprehension of said risk.

Signature of PARENT / GUARDIAN of CHILD: _____ DATE: _____

If ADULT PARTICIPANT(Parent&Tot): _____ DATE: _____

PAYMENT POLICIES

Please read and INITIAL each section

_____ CEGC requires all customer to be enrolled in Auto Draft. Please see attached document (Auto Draft Tab on our website if viewing this document online). Tuition will be drafted on the 1st or 15th of each month or following business day if the 1st or 15th falls on a weekend or holiday. If your tuition is drafted on the 15th of the you will be paying for the following month. If your account fails to draft due to NSF you will be charged a \$20.00 NSF Fee. If your account does not draft you will have until the 10th of the month to pay before being dropped from class.

_____ In the event that you wish to cancel your enrollment in our program, **we require no less than 30 days written notice. NO EXCEPTIONS.** If you fail to give CEGC a written 30 day notice you will be charged/ drafted for all classes within those 30 days. You may give your 30 day notice to the front desk or email us at laurabeth.cegc@gmail.com. **IF YOU FAIL TO GIVE CEGC A 30 DAY NOTICE REFUNDS WILL NOT BE GIVEN FOR ANY REASON.**

_____ Tuition rates are based on 4 classes per month. Those months with 5 weeks will be used for other months when the gym is closed for holiday breaks or business closings if necessary. Your child will be allowed one make up class/ 30 days. You will have 30 days to do your make up class before your make up token expires. This can be accessed through parent portal on our website or by calling the front desk.

_____ Tuition prices are subject to change with no less than 60 days notice. Registration Fees are due yearly January 1. CEGC will prorate your registration fee based on the number of months left in the year

AUTHORIZATION

By signing below, I fully agree to and understand all terms and covenants contained above. (Signature by a responsible adult and payment of proper tuition / registration fees must be paid before your child can be enrolled in a class.)

Signature: _____ Date: _____