

Southwest Gymnastics Training Center, Inc.

Membership Application

Gymnast's Name _____ **Date of Birth** ____ / ____ / ____

Male () **Female** () **Gymnastics Class/Day/Time** _____

Mom's Name _____ Dad's Name _____

Address _____ City _____ AZ, Zip _____

Home Ph () _____ Mom Cell () _____ Dad Cell () _____

Emergency (other than parent) Phone () _____ Name _____

E-Mail _____ Do you prefer notices by: () Mail () Email

Dr's Name _____ Phone () _____

Dentist's Name _____ Phone () _____

How did you hear about Southwest Gymnastics:

Yellow Pages() Friend() Ad () _____ School() Internet() Dex Online () Other _____

RULES/POLICIES/TUITION

I have read the rules and policies of the gym and in particular know my responsibilities for payment, late fees, and requirement to notify the gym in writing of withdrawal of students from class. **I WILL BE HELD RESPONSIBLE FOR PAYMENT OF CLASSES UNTIL WRITTEN NOTIFICATION IS RECEIVED BY SOUTHWEST GYMNASTICS.** In the event that my account becomes delinquent, I understand that Southwest Gymnastics Training Center Inc. has the right to turn my account over to a collection agency for payment. I also understand that I will be held responsible for any charges incurred by the collection agency.

Parent/Guardian Signature _____ *Date* _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY/MEDICAL AUTHORIZATION

I understand that the sport of gymnastics involves certain inherent risks. I assume that all safety precautions are taken, and in consideration of my child's participation in the activities of the Southwest Gymnastics Training Center Inc. (SWGTC), I do hereby agree to hold free from any and all liability, the SWGTC, its respective officers, employees, members and do hereby for myself, my heirs, executors and administrators, release and forever discharge all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my, or my child's participation in any of the activities of the SWGTC. I hereby declare myself or my child to be physically sound, having medical approval to participate in the activities of the SWGTC. I hereby give permission to the SWGTC staff to render any first aid emergency treatment to my child while participating in any activities under SWGTC, Additionally, it is understood that in an emergency situation, a conscientious effort will be made by the staff to locate the parent/guardian before emergency action is taken. I accept responsibility for payment for any medical treatment rendered.

Parent/Guardian Signature _____ *Date* _____

 Check if Returning Student () Enroll in Class _____ Initial if info is current _____

*** OFFICE USE ONLY ***

Reg Fee \$ _____ Discounts: () Sibling () Coupon _____ Date of Enrollment _____

Tuition for Month of _____ \$ _____ Enrolled in Class _____

Tuition for Month of _____ \$ _____ Enrolled in Additional Class _____

Total Payment \$ _____ Ref: _____ Trial Entered in Computer ()

Form of Payment () Ck () CC () Cash () AP Registration Entered in Computer ()