



Registration Form and Consent & Liability Release

Office Use Only:

1st- Class Day & Time _____

2nd - Class Day & Time _____

3rd - Class Day & Time _____

Today's date _____ Page 1 of 2

1st - Student's Full Name _____ Male/Female Birthdate: ____/____/____

2nd - Student's Full Name _____ Male/Female Birthdate: ____/____/____

3rd - Student's Full Name _____ Male/Female Birthdate: ____/____/____

Family Information

Mother's Full Name _____ Employer _____

Father's Full Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Home # (____) _____ Cell # (____) _____ Work # (____) _____

Emergency Contact _____ Relation _____ Phone (____) _____

Will there be another person paying tuition? N Y Name _____ Phone (____) _____

Would you like a tuition e-mail reminder? N Y E-mail _____

Would you like to receive our newsletter via e-mail? N Y

In an effort to give appreciation to those who recommend our programs please tell us how you heard about PEG.

Friend (name) _____ Child Care ___ Newspaper ___ Location ___ Yellow pages ___

TV ___ Radio ___ Demonstrations ___ Mail ___ Former student at PEG? ___ Other (specify) _____

Please read the following information carefully and sign as indicated.

Liability Release

In consideration of allowing the previously-declared participant(s) to begin participation in Palouse Empire Gymnastics activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless PEG, Inc., an Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Palouse Empire Gymnastics is conducted, or any premises under the control and supervision of PEG, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by PEG, Inc., its owners, officers, agents, or employees.

_____ *Initials*

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

_____ *Initials*

(Continued on back)

Medical Information

Do any of the children listed on page 1 have any physical problems or restrictions that will limit their participation in physical activities? No Yes Child's Name _____

Do any of the children listed on page 1 have any medical or psychological ailments that we should be aware of? No Yes Child's Name _____

If you answered 'yes' to either of the above questions, please ask for the medical information page.

Do any of the children listed on page 1 have any social difficulties or family situations that we should be aware of? No Yes Child's Name _____ Please use the space below to explain further.

Medical Release

The undersigned gives permission for the PEG, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

_____ *Initials*

Health Insurance Carrier _____ Policy # _____

Marketing Release

I understand that my child's likeness may be used in Palouse Empire Gymnastics ads, promotional videos, website material, or various other marketing. These images will be used for Palouse Empire Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

_____ *Initials*

Payment Information

There is an annual registration fee of \$25 per child due at the time of registration. Tuition is due by the first of each month and is based on flat monthly rates. PEG does not send out monthly statements. Palouse Empire Gymnastics requires a two (2) week notice of any intent to discontinue. Prorated tuition will occur during the first monthly payment only. If you receive five classes during the month instead of four there will be no extra charge and will be considered a makeup for classes missed while Palouse Empire Gymnastics is 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. If accounts are paid after the tenth of the month there will be a \$10.00 late fee applied to the account balance. If, however you need to make different payment arrangements please contact the Directors and we'll be happy to work something out. Accounts that become 30 days overdue will be considered grounds for collections action. There is a \$20.00 returned check charge for any checks returned by the bank. **I understand that if I bounce checks, that Palouse Empire Gymnastics will require cash payments only from that point forward.**

_____ *Initials*

Parent/Guardian Signature _____ Date _____

Participant Signature if over 18 years of age _____ Date _____

