

**Metzlers Gymnastics Training Center**  
**NON-COMPETE TEAM REGISTRATION FORM**  
*Please Print Clearly*

Last Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1<sup>st</sup> Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

# School Year Training hours per week: \_\_\_\_\_ Which days/times: \_\_\_\_\_

# Summer Training hours per week: \_\_\_\_\_ Which days/times: \_\_\_\_\_

2<sup>nd</sup> child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

# School Year Training hours per week: \_\_\_\_\_ Which days/times: \_\_\_\_\_

# Summer Training hours per week: \_\_\_\_\_ Which days/times: \_\_\_\_\_

A \*Registration fee of **\$80.00 – Levels 4 through 10, Xcel** and **\$50.00 – Levels 2 & 3** is payable once a year (June through May). This fee along with monthly tuition is **NON REFUNDABLE**. Signing this form acknowledges that I am aware that the student (s) above are being enrolled in our **Team Program which is a year round program**. My daughter(s) will train from June 1<sup>st</sup>, 2018 through May 31<sup>st</sup>, 2019.

Signature: \_\_\_\_\_

I would like to have my daughter(s) tuition charged on the 1<sup>st</sup> of every month automatically to my credit card: \_\_\_\_\_ Yes \_\_\_\_\_ No

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

3 Digit Code: \_\_\_\_\_ **PLEASE PROVIDE CARD INFO EVEN IF YOU CURRENTLY HAVE CARD ON FILE.**

I acknowledge that it is my responsibility to notify Metzler's in writing via email [mandi@metzlersgymnastics.com](mailto:mandi@metzlersgymnastics.com) or hard copy note if the amount of training hours my daughter will be training for the following month will be increasing or decreasing by the 25<sup>th</sup> of the month; if the training hours will not be changing, the amount I will be charged will stay the same each month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PROMISE TO PAY / POLICIES, PROCEDURES & TEAM RULES**

**\*\*\* Please read the rules and policies below carefully. Your signature below acknowledges you have read and understood them.\*\*\***

**Child's Safety:** Parents are responsible for their child's behavior and their safety while on our premises, including parking lots, bathrooms, waiting areas, etc. I understand that children are not allowed in the gym unless an instructor escorts them and/or is present. Unless you are attending a busy beez class with your child or have permission from Metzler's staff, we ask that you stay outside of the gym in the waiting area. This is for your safety as well as the safety of the child you entrust us with.

**Tuition:** Tuition is due by the 7<sup>th</sup> of each month. There will be a \$20 charge on all NSF checks. **NO REFUNDS OF TUITION AND NO PRORATING WILL BE ALLOWED.** As part of a national trend every team member is required to have a credit card on file at the gym (this is different from auto billing). In the event that your child's tuition is not paid by the 7<sup>th</sup> of the month the credit card will be automatically billed. You may still pay tuition via checks, cash and swiping a credit/debit card here at the gym prior to the 7<sup>th</sup> of the month.

**Make Up Policy:** Monthly tuition payments are still required to be paid even when if your gymnast misses training due to vacation, illness or some other extended absence. We have a very flexible make-up policy and hours can be made up!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Medical Information**

**Please list any physical handicaps: (specify missing or injured bodily parts, weaknesses, etc.)**

Bones/joints: \_\_\_\_\_ Muscles: \_\_\_\_\_ Organs: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Chronic Ailments: Asthma, or other respiratory problems: \_\_\_\_\_

Circulatory or Heart Problems: \_\_\_\_\_ Diabetes or Hypoglycemia: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Psychological Handicaps (specify problem areas, such as anxieties, fears, hyperactivity and hypersensitivity): \_\_\_\_\_

Allergies: \_\_\_\_\_ Insect Bite Allergies: \_\_\_\_\_ Other info, if significant: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

**I hereby state that I have read and understood the above release and agree to comply with the requirements and regulations as stated in Metzlers Gymnastics, LLC's brochure.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Social Media/Website Release:**

I understand and agree that my minor's picture may be taken or may be filmed while participating in activities at Metzlers or when representing Metzlers at events. I hereby grant Metzlers Gymnastics its agents, employees and photographers, the right to take, use, publish, and copyright photograph(s) and videos of my minor in press releases, advertisements, publications, promotions of Metzlers, including on the website and on social media websites, such as Facebook, Instagram and YouTube, maintained by Metzlers Gymnastics. I hereby release and waive Metzlers Gymnastics and its agents, employees, photographers and videographers, from any and all claims or demands arising out of or in connection with said photographs or videos or the publications of said photographs or videos. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release. I hereby certify that I am the parent or guardian of the above named child and do hereby give my consent without reservation to the foregoing on behalf of My Child.

I DO consent to allow my child's photograph/video to be used as stated above.

I DO NOT consent to allow my child's photograph/video to be used as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card on File Authorization

**(THIS FORM MUST BE COMPLETED BY EVERY TEAM MEMBER)**

You are authorizing Metzler's Gymnastics to charge your Credit Card for tuition if your tuition is not paid by the 7<sup>th</sup> of the month. This gives you a 7 day grace period from the 1<sup>st</sup> of the month to pay your tuition via the method of your choice (check, cash or debit). If payment is made within those 7 days, your credit card WILL NOT be charged. Please make sure you have a current e-mail address on file with Metzler's Gymnastics so you will get reminder emails about due dates and important information. I \_\_\_\_\_ authorize Metzler's Gymnastics to charge my credit card indicated below for the amount of tuition on an as needed basis if payment is not received by the 7<sup>th</sup> of the month. These charges are for the instruction of gymnastics at Metzler's Gymnastics

\_\_\_\_\_  
Billing Address City, State & Zip Code

\_\_\_\_\_  
Phone Number E-Mail Address

\_\_\_\_\_  
Gymnast Name

Credit Card Info: Visa, MasterCard or Discover (please circle one) WE DO NOT ACCEPT AMERICAN EXPRESS!

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I authorize Metzlers Gymnastics to charge the credit card indicated on this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes in my account information or termination of this authorization by the 25<sup>th</sup> of the month. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents or Legal Guardians: Please sign and date the following waivers if the participant is a minor.**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the Metzlers Gymnastics Training Center (DBA Metzlers Gymnastics, LLC) I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be the other risks either not known to me or nor readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Metzlers Gymnastics, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name of Participant(s)**

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if despite this release, I, the minor or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed name of Parent/or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent/or Legal Guardian**

**Parents or Legal Guardians: Please sign and date the following if you will be stepping inside the gym at any point during the year.**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT (“AGREEMENT”)**

In consideration of participating in activity at Metzler’s Gymnastics Center (DBA Metzler’s Gymnastics, LLC), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition in participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be the other risks either not known to me or nor readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Metzlers Gymnastics, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

