

Metzler's Gymnastics Training Center
NON-COMPETE TEAM REGISTRATION FORM 2017-2018

Please Print Clearly

Last Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Work Phone: _____ Cell Phone: _____

1st Child's Name: _____

Birthdate: _____ Age: _____

School Year Training hours per week: _____

Summer Training hours per week: _____

2nd child's Name: _____

Birthdate: _____ Age: _____

School Year Training hours per week: _____

Summer Training hours per week: _____

A *Registration fee of **\$50.00** is payable once a year (June through May). This fee along with monthly tuition is **NON REFUNDABLE**.

Signature: _____

PROMISE TO PAY / POLICIES, PROCEDURES & TEAM RULES

I would like to have my daughter(s) tuition charged on the 1st of every month automatically to my credit card: _____ Yes _____ No

Credit Card #: _____ Exp: _____ 3 Digit Code: _____

I acknowledge that it is my responsibility to notify Metzler's in writing via email 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 25th 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: _____

***** Please read the 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 is present.

Tuition: Tuition is due by the 7th 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 7th 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 7th of the month.

I have read and understand these important policies.

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 Metzler's Gymnastics, LLC's brochure.

Name _____ Relationship _____

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 7th of the month. This gives you a 7 day grace period from the 1st 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 7th of the month. These charges are for the instruction of gymnastics at Metzler's Gymnastics

_____ City, State & Zip Code
Billing Address

_____ E-Mail Address
Phone Number

Gymnast Name

Credit Card Information

Visa, MasterCard or Discover (please circle one)

Cardholder Name: _____

Account Number: _____

Exp. Date: _____ Security Code: _____

I authorize Metzler's 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 25th 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

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.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian