



Registration Application

Gymnast Information

_____/_____/_____
Last Name, First Name Middle Initial Age Date Of Birth

Address City, State, Postal Code Home Phone #

Mothers Name Place of Business Work or Cell Phone #

Fathers Name Place of Business Work or Cell Phone #

Billing Address & Contact if different from above

Medical Information

**Does your child have any medical conditions Excalibur Coaches need to be aware of?
Please Check Boxes That Apply:**

- Asthma Use medication on a regular basis? Allergies, List: _____
- Diabetes Wear any devices? _____
- Seizures Broken Bones: Which ones? _____
- Heart Problems Other, Please explain: _____

Doctor's Name: _____ Phone # _____

_____ Phone # _____

Emergency Contact / Relation to Child

Tuition Information

- I choose to pay tuition month to month. A \$15.00 late fee will be charged each month if not paid by the 5th of the month.
- I choose to pay tuition by the 3 months session plan for the discount (recreational classes only). I understand that there are **NO REFUNDS** given for early withdrawal in that 3 months time period. I also understand that paying the 3-month session rate does not automatically withdrawal your child at the end of those 3 months. You must physically withdrawal your child with a written letter of withdrawal no less that 2 weeks prior to the end of the current month, otherwise you will be held financially liable for the next months tuition in full.
- I am aware that I am responsible for providing a written withdrawal notice two weeks prior to the end of the current month otherwise, I am held financially liable for the next month tuition in full. I also understand that if my account becomes delinquent for any reason, suspension from training will follow without notice, and I will be financially responsible for all reasonable collection and legal fees. I have read and agree to abide by the **Policies and Procedures of Excalibur Gymnastics that have been provided to me.** There are No Refunds for tuition, early withdrawal, or merchandise purchased. Excalibur Gymnastics will provide only one make-up day per month / per child on the first Friday of the month (scheduled at the office in advance). Make-ups may not be spread out during different months. By signing below, I understand and accept all policies and procedures even if I fail to initial or check the above listed boxes

Parent/Legal Guardian Signature

Date

Office Use Only		
Class _____	Registration Fee _____	Free Trial Date ____/____/____
Day _____	Tuition Fee _____	Free Trial Class _____
Time _____ - _____	Account # _____	Free Trial Time _____ Day _____
Coach _____		Free Trial Coach _____



Excalibur Gymnastics

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: EXCALIBUR GYMNASTICS, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, BIRTHDAY PARTIES, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL, OR TEAMS AT EXCALIBUR GYMNASTICS CLUB FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF EXCALIBUR GYMNASTICS, ITS OWNERS, OFFICERS, AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue excalibur gymnastics, Inc., the excalibur gymnastics Board of Directors and officers, the excalibur gymnastics Parents Association, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of excalibur gymnastics Inc. or others listed for property damage, personal injury, wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in an unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental in active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see the other students in the gym. I am voluntarily participating in this activity with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless excalibur gymnastics and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in excalibur gymnastics, Inc. activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is included to be as broad and as inclusive as permitted by the laws of the state of Virginia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Virginia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of excalibur gymnastics, Inc. or any person listed above.

I also consent to use, by excalibur gymnastics or anyone it authorizes, of any and all photographs, videos, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publications, display and exhibition website, and Facebook) without compensation. The member further consents and agrees that such materials and negatives shall constitute excalibur gymnastics property, with full right of distribution.

Team Members, further consent to the use of team member's names in connection with above materials, and agrees that such materials and negatives shall constitute excalibur gymnastics property, with full right of distribution.

(Signature of Parent or Legal Guardian)

Date

(Name of Participant)