

**FALL 2010 CLASS REGISTRATION FORM
CARDINAL GYMNASTICS ACADEMY, LLC.**

202 Beyer Hall, Iowa State University, Ames, IA 50011 515-296-8787

cardinalgymnasticsacademy@yahoo.com

Child's Name: _____ Gender: **F M**

Birth Date: _____

Class Title: _____

Class Day: _____ Class Time: _____

Are there any medical conditions or food allergies to which we should be alerted? (If yes, please explain on back.)

Family Information

Parent #1

Parent #2

Name: _____

Address: _____

City, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail : _____

(Required)

Emergency Contact: _____

Relationship: _____

Phone: _____

Cell# _____

PAYMENT INFORMATION: If paying monthly, please include first month's payment with registration form. Also, please be sure to include the \$30.00 Registration fee at this time.

Tuition Agreement For Which We Agree To Be Financially Responsible:

I/we wish to enroll our child in recreational classes for the 16-week session.

- I/we understand that the participant's registration for class will be held upon receipt of completed registration form and payment (including annual registration dues and first month or semester payment).
- A non-refundable annual membership will be applied; single enrollment: \$30.00, or family: \$60.00.
- No refunds or credits will be given for tuition or membership fees.
- A 10% sibling discount will be given toward the lesser tuition.
- Unpaid monthly fees remain our obligation until we notify the CGA office of disenrollment (296-8787).
- Monthly fees are due by the 5th of each month. A late fee of \$10 will be assessed after the 5th of each month.
- If payments get behind, CGA reserves the right to cancel enrollment.

Signature: _____

Date: _____

Relationship: _____

(Parent/Guardian)

Acknowledgment of Risk and Waiver of Liability

1. I, the minor's parent or legal guardian, despite all reasonable precautions, understand and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in the program or activities. I willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches, and other members of Cardinal Gymnastics Academy, LLC (CGA) and/or Iowa State University from personal injury or accident of any sort or nature suffered by me/us, the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of CGA.
2. I, the minor's parent or legal guardian, understand the nature of these activities and the minor's experience and capabilities, and believe the minor to be qualified in good health and in proper condition to participate in such activity. I hereby release, discharge, covenant not to sue, and release from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part, by the negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

- I, the minor's parent or legal guardian, do hereby give permission for CGA to use any photo of my child taken by a staff member of CGA as part of advertising or website usage.

Signature:

Date:

Relationship:

(Parent/Guardian)