



Registration Form and Consent & Liability Release

Klahhane Gymnastics
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Please print clearly

Today's date _____

1st Gymnast's Full Name _____ Birthdate: ____/____/____

School _____ Grade _____ Dismissal Time _____

2nd Gymnast's Full Name _____ Birthdate: ____/____/____

School _____ Grade _____ Dismissal Time _____

Family Information

Mother's Full Name _____ Employer _____

Father's Full Name _____ Employer _____

Mail Address _____ City _____ State _____ Zip _____

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

Family E-mail (required) _____
(Klahhane Gymnastics communicates primarily by e-mail)

Emergency Contact _____ Relation _____ Phone (____) _____

Will a non-custodial parent or other person be paying tuition or need to receive information? N Y If yes please provide contact information

Name _____ Phone (____) _____

Mail Address _____ City _____ State _____ Zip _____

How did you hear about our program?

Please read the following information carefully and sign as indicated.

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Liability Release

In consideration of allowing the previously-declared participant(s) to begin participation in Klahhane 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 Klahhane Gymnastics, Inc., a Washington Non-Profit Corporation, its 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 Klahhane Gymnastics is conducted, or any premises under the control and supervision of Klahhane Gymnastics Inc., its 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 Klahhane Gymnastics Inc., its officers, agents, or employees.

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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.

(Continued on back)

Medical Information

Child 1: Name _____ Does this child have any physical conditions or restrictions that will limit their participation in physical activities? No Yes Date of last physical exam _____

Child 2: Name _____ Does this child have any physical conditions or restrictions that will limit their participation in physical activities? No Yes Date of last physical exam _____

Does either child listed above have any medical or mental conditions that we should be aware of? No Yes Child's Name _____

Previous Injuries:
(Sprain/Strain/Fracture/Dislocation)

- ___ Foot R L
- ___ Ankle R L
- ___ Shin Splints R L
- ___ Knee R L
- ___ Wrist R L
- ___ Elbow R L
- ___ Arm R L
- ___ Shoulder R L
- ___ Head/Neck (explain)
- ___ Concussion (date)
- ___ Back (injury or chronic pain)

Medical Conditions:
(please explain any of the following)

- ___ Heart
- ___ Diabetes
- ___ Thyroid
- ___ Seizure
- ___ ADD/ADHD
- ___ Vision/wears glasses
- ___ Hearing Loss R L
- ___ Asthma
- ___ Uses Inhaler
- ___ Allergies (please list)
- ___ Insect Bite reaction
- ___ Other (please explain)

Does your child have any other condition that limits participation in gymnastics.
___ No
___ Yes (explain)

Does any child listed on page 1 have any social or emotional difficulties, family situations or custodial arrangements that we should be aware of?

No Yes Child's Name _____ Please use the space below to explain further.

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Medical Release

The undersigned gives permission for the Klahhane Gymnastics 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.

Health Insurance Carrier _____ Policy # _____

Family Physician _____

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Publicity Release

I understand that my child's name and/or likeness may be used in Klahhane Gymnastics press releases, website material, or various other marketing. These images will be used for Klahhane Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

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Payment Information

Klahhane Gymnastics processes debit/credit cards for trimester auto-pay only. All other transactions are cash or check only. There is an annual membership fee of \$35 per child due at the time of registration. Tuition based on flat monthly rates is due at the first class of each tuition block or by the 10th of the month regardless of attendance. **Tuition rates increase by \$10 on the 11th of the month.** Prorated tuition will occur during the first month of attendance only. **Klahhane Gymnastics does not send out monthly statements unless an account is past due.** Payments can be made in the office, placed in the office drop box or mailed to our mailing address. If you need to make different payment arrangements please contact the Director and we'll be happy to work with you. Accounts that become 30 days overdue without prior arrangement 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, or fail to keep sufficient funds in my auto-pay account, Klahhane Gymnastics may require cash or money order payments only from that point forward. Once a student enrolls he/she is automatically re-enrolled for each month and prior notice of intent to discontinue is required. Failure to notify the office of intent to discontinue classes by the 20th of the current month will result in a drop fee of 50% of the monthly tuition.** Every attempt will be made to re-schedule classes that are cancelled due to weather conditions or unforeseen circumstances, but it may not always be possible. **Tuition is not pro-rated or refunded for personal absences.** Students may sign up for one make-up class per month.

Parent/Guardian Signature _____ Date _____