

**Student Information: Please fill in all blanks completely and legibly.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_  
 Student's Name Sex Age/Grade D.O.B.  
 Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address City State Zip  
 e-mail \_\_\_\_\_ ER Contact: \_\_\_\_\_ No. \_\_\_\_\_  
 How did you learn about Jewart's? internet \_\_\_ birthday party \_\_\_ drive by \_\_\_ yellow pages \_\_\_ friend \_\_\_ other \_\_\_\_\_  
 If by word of mouth, from whom? \_\_\_\_\_ Medical Conditions we should know about? \_\_\_\_\_

**Waiver of Claims, Release of Liability, Assumption of Risk and Indemnity Agreement**

**This form must be signed by a parent or legal guardian and the child if over 7 years of age.**

By signing this document you will waive certain legal rights including the right to sue or claim compensation following an accident, injury or death. Please read carefully. My child has permission to attend classes at **Jewart's Gymnastics**. I feel my child is mentally and physically capable to follow directions and participate in a program that offers gymnastics, tumbling, and trampolines. I understand that my child will use trampolines, rings, bars and other apparatus involving height and motion, which might increase the inherent risk of these activities. I understand that these activities could lead to catastrophic injuries or even death. **I hereby release Jewart's Gymnastics** and its owners, landlords, officers, employees, teachers and coaches **from all liability for any and all damages, loss and injuries** suffered by my child or me while in the facility as a student, participant or spectator. I agree to waive any and all claims resulting from such damages, loss or injury, and this release shall be effective and binding. I have thoroughly read this acknowledgement of risk and liability. **I UNDERSTAND AND ACCEPT THE CONTENT and INTENT OF THIS DOCUMENT TO FULLY ASSUME ALL RISK and WE WILL NOT PURSUE LEGAL REMEDY FOR INJURY OR LOSS. WE VOLUNTARILY SIGN IN ACCEPTANCE.**

Parent Signature \_\_\_\_\_ Child's Signature \_\_\_\_\_ Date \_\_\_\_\_  
**I HAVE EXPLAINED THIS WAIVER TO MY CHILD** \_\_\_\_\_ (Initial) \_\_\_\_\_ Date \_\_\_\_\_  
**I have received and read the Rules and Policies information.** \_\_\_\_\_ **I have read the Rules and Policies online.** \_\_\_\_\_ (initial) \_\_\_\_\_

**Fees and Payments**

Payment Schedule	Dipper & Me Little Dip	Big Dipper	60 Min Lucky Star Rhythmic	90 Minute Super Star Girls / Boys	Tumbling TNT 60/90	Rising Star Pearl	Jewel / NGL 2or 3 days 90 or 120 min.	Ninja 60 or 90 min.
Monthly	\$58	\$65	\$65	\$92	\$65/\$92	\$123	\$174 / \$225 /\$260/270 2@90 /2@120 / 3days/4 days	58/65

**Check your class program and payment option:** Dipper & Me \_\_\_ Little Dipper \_\_\_ Big Dipper \_\_\_ Rising Star \_\_\_ Lucky Star \_\_\_ Super Star \_\_\_

Ninja \_\_\_ Rhythmic /Gym Combo \_\_\_ Tumbling/TNT 60 \_\_\_ 90 \_\_\_ Rhythmic \_\_\_ Jewels/NGL 2 days \_\_\_ 3 days \_\_\_\_\_

**Fill In Class Day/Days** \_\_\_\_\_ **Time** \_\_\_\_\_ **Choose & initial: Auto-pay** \_\_\_\_\_ **or Monthly check or cash** \_\_\_\_\_

Initial spaces to indicate you understand our payment policies and sign the authorization for use of your credit card for payment.

\_\_\_\_\_ Payments are due prior to the beginning of the first class of each month. You may choose autopay pay or make your monthly payment by check or cash. Auto pay is drafted on the first of the month.

\_\_\_\_\_ All families must have an active credit or debit card on file.

\_\_\_\_\_ If you are past 2 weeks late on tuition your card on file will automatically be charged. You will receive a notice of this charge.

\_\_\_\_\_ You must notify us if you drop or we continue billing until we hear from you. Please submit notice of your child's drop from class in writing and be aware that you will be charged unless we hear from you. There is no refund fund if you fail to contact us.

\_\_\_\_\_ If you join in the middle of the month tuition is pro-rated accordingly. If you join past half way through the month you need to register for the current month and the following month.

\_\_\_\_\_ Children may do five make up per year for any reason. Follow make up procedures as directed by your teacher.

\_\_\_\_\_ We do take PR photos during classes or events that may be used for bulletin boards, FB or website.

Stop in the office for a waiver if you do not want us to use your child's picture without your consent.

Please sign authorization for card use: \_\_\_\_\_

**Note: Only the first two children from a family need to pay a registration fee.**

**Completed Form, Tuition Fee and \$40 Registration Fee may be:**

1. Register online at [www.jewarts.com](http://www.jewarts.com). \*\*
  2. Dropped off at the gym office, 2468 Wildwood Rd. (near North Park)
  3. Mailed to: Jewart's Gymnastics, P. O. Box 36 Wildwood, PA 15091
- \*\* If you have questions call the office at 412-487-5999.

We offer a 10% discount on the lower tuitions if 2 or more children register for classes. If you sign up for two regular classes you also receive a 10% discount on lower class tuition. **Registration fees or event fees are not discounted and are non-refundable.**

**Refunds** are given for the remaining classes only if you are a first-time customer and are not satisfied after the first month.