

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 agreement 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, or 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 Information: Check your class program and payment option:

My child is enrolled in the following class or team program:

Dipper & Me ___ Little Dipper ___ Big Dipper ___ Rising Star ___ LS Rhyth /Gym Combo ___ LS Tumb/Gym C ombo ___

Lucky Star ___ Super Star ___ Tumbling/TNT 60 ___ 90 ___ Rhythmic ___ Jewels/NGL 2 days ___ 3 days _____

Fill In Class Day/Days _____ Time _____

All payments are due upon registration unless you choose auto-pay. To help us eliminate costs for billing we prefer you choose our automated funds transfer.

_____ **Auto-Pay** Credit or Debit is drafted the 1st of the month.

_____ Office payment by check / cash at the office or online.

_____ **Summer registration fee is \$25.** (1st child \$25, 2nd child \$25, 3rd child does not pay a registration fee.)

I authorize my payment option: _____
 (signature)

Office Use:

Tuition Due _____ Registration _____ Total Enclosed _____

Completed Form, Tuition Fee and \$25 Registration Fee may be:

1. Dropped off at the gym office, 2468 Wildwood Rd. (near North Park)
 2. Mailed to: Jewart's Gymnastics, P. O. Box 36 Wildwood, PA 15091
 3. Faxed to: 412-487-7333 **
 4. Register online at www.jewarts.com. **
- ** 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. There are no make-up classes during the summer except Dr. excuse.