

**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, 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 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 /R or B Soar 2or 3 days 90 or 120 min.	Ninja 60
Auto pay	\$59	\$66	\$66	\$93	\$66/\$93	\$125	\$185 / \$225 /\$265 2@90 /2@120 / 3days	\$ 66

**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 Rhythmic /Gym Combo** \_\_\_ **Lucky Star** \_\_\_ **Super Star** \_\_\_  
**Tumbling/TNT 60** \_\_\_ **90** \_\_\_ **Rhythmic** \_\_\_ **Jewels/R or B Soar 2 days** \_\_\_ **@90 2days @ 120 3 days** \_\_\_ **Ninja** \_\_\_

**Fill In Class Day/Days** \_\_\_\_\_ **Time** \_\_\_\_\_

Payment options: (Initial) A. Autopay -- card on file will be charged automatically the first of each month \_\_\_\_\_  
 B. Check, cash or credit card at the window –tuitions must be in the office by the end of the first week of classes each month. (A card must be put on file in the office with authorization. If we have not received your payment by the 20<sup>th</sup> of the month your card will be charged manually) \_\_\_\_\_

Office Use:  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION FOR CARD USE:** \_\_\_\_\_  
 (signature required)

\_\_\_\_\_ **Annual registration fee is \$40.** (1<sup>st</sup> child \$40, 2<sup>nd</sup> child \$40, 3<sup>rd</sup> child does not pay a registration fee.)

I authorize my payment option: \_\_\_\_\_ Tuition Due \_\_\_\_\_ Registration \_\_\_\_\_ Total Enclosed \_\_\_\_\_

**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
  4. Faxed to: 412-487-7333 \*\*
- \*\* 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.