



## Dream Gymnastics Academy

5564 S. Van Winkle Express Way, Murray , UT 84117

801-231-3838

dgautah.com

### Registration Form

#### Family Information

Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

#### Student Information

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female \_\_\_\_\_

Class #1 \_\_\_\_\_ Class #2 \_\_\_\_\_

Allergies/Physical Limitations \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female \_\_\_\_\_

Class #1 \_\_\_\_\_ Class #2 \_\_\_\_\_

Allergies/Physical Limitations \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female \_\_\_\_\_

Class #1 \_\_\_\_\_ Class #2 \_\_\_\_\_

Allergies/Physical Limitations \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Physician \_\_\_\_\_ Phone \_\_\_\_\_

#### Policy Agreement

1. **MEMBERSHIP** - Each student participating in any Dream class must be a member of the gym. The annual membership fee of \$30 per student or \$50 per family is to be paid at registration and is valid for one year from the date of registration. The renewal fee will be automatically charged to your account each year the month of your anniversary date.
2. **TUITION** - Tuition is due on the 1st day of each month. Accounts not paid by the 7<sup>th</sup> of the month will be considered late and charged a \$25 late fee. We accept cash, check or credit card for payment. All returned checks will be charged a \$20 fee. Students with an outstanding balance will not be allowed to participate in class. We do not hold classes on certain holidays. Keep in mind that the months with 5 classes balance out the months with only 3.
3. **DROP NOTICE** - We require a 2 week drop notice to end your enrollment in a class. Any notices mid month will result in an account credit, no refunds. All class changes/drops must go through the front office, in writing.
4. **MAKE-UP CLASSES** - We do not pro-rate tuition for missed classes. We do not guarantee that make ups are always available. If your child misses a class, you may schedule a make up through the front office. Make ups are only allowed in the same class type of enrollment and depend on an available spot in another day and time. Make ups need to be scheduled the week they happen, no sooner.

# RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating at Dream Gymnastics Academy, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Dream Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have completely and unconditionally released all liability against the parties to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST DREAM GYMNASTICS ACADEMY AND OTHERS.

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Printed name of participant(s) If over 18 yrs

Signature of Participant

Date

## PARENTAL CONSENT

AND, I, the minor(s) parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of such claim.

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Printed name of Parent/Legal Guardian

Date

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Signature of Parent/Legal Guardian

## CONSENT OF TREATMENT OF A MINOR

Should it be necessary, in the opinion of a staff member of Dream Gymnastics Academy, to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Dream Gymnastics Academy and other medical personnel to render such aid and assistance as they may deem necessary. I understand that they will also make every effort to contact me or the emergency number provided. I have carefully read this consent for treatment of a minor and fully understand its contents.

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Signature of Parent/Legal Guardian

## CONSENT TO TRANSPORT A MINOR

I give my permission for Dream Gymnastics Academy to transport any participant(s) listed above by automobile if they are registered in such activity that requires transportation.

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Signature of Parent/Legal Guardian

