

# Fall 2011/12 Registration Form



**Payment Type:** \_\_\_\_\_ Date: \_\_\_\_\_  
Cash \_\_\_ Charge \_\_\_ Reg. Fee: \_\_\_\_\_  
Check # \_\_\_\_\_ Tuition: \_\_\_\_\_  
Total: \_\_\_\_\_

## Family Information:

Contact #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Type: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_ Primary Billing Contact? Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Type: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_ Primary Billing Contact? Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Other than parents)

## First Student Information

Student's First name \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Student Age \_\_\_\_\_

Disabilities/Medical Conditions: \_\_\_\_\_

Class #1 selected: \_\_\_\_\_ Class #2 selected: \_\_\_\_\_

## Second Student Information

Student's First name \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Student Age \_\_\_\_\_

Disabilities/Medical Conditions: \_\_\_\_\_

Class #1 selected: \_\_\_\_\_ Class #2 selected: \_\_\_\_\_

## Medical Emergencies

The undersigned gives permission to River City Gymnastics, its owners and operators to seek medical treatment for the participant, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called at \_\_\_\_\_ and that my child be reported to \_\_\_\_\_ hospital.

I've read the above and agree.  
Initial \_\_\_\_\_

## How did you hear about River City?

Friend: \_\_\_\_\_ Phone Book: \_\_\_\_\_ Birthday Party: \_\_\_\_\_ Kid's Directory \_\_\_\_\_

River City Web Site: \_\_\_\_\_ Mail: \_\_\_\_\_ other, please list: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend River City Gymnastics for instruction and to use its facilities. I confirm that he/she is in good health. River City Gymnastics Inc. may call a doctor or the person listed on the previous page in the event of an emergency if I cannot be reached. I also give River City Gymnastics Inc., its owners, directors, officers, and agent's permission to obtain emergency medical treatment for my child if it is needed, and I cannot be reached. I have been informed by River City Gymnastics, Inc. via this release form, and I fully understand that any activity involving motion or height necessarily including the activities for which my child is enrolled, create the possibility of serious injury or death from landing or falling on the head or neck. I fully assume this risk on behalf of my child and myself. I acknowledge that this risk can be significantly reduced by properly following the River City rules and policies. In consideration for the services received and the risks assumed by me on my own behalf and that of my child, River City Gymnastics Inc. and its owners, directors, officers, agents, employees, contractors, instructors, attendants, and assigns are fully and absolutely released and discharged from all claims for injury, disability, disease, damage, loss and expense (past, present, and future) arising out of or connected in any manner with any accident or injury sustained by my said child and his or her heirs, executors, assigns, and representatives, while said child is engaged in any activity directed, sponsored, conducted, or maintained at or by River City Gymnastics Inc. its owners, directors, officers, agents, employees, instructors, attendants, and assigns. This release is executed of my own free will as consideration for access to the services, facilities and equipment of River City. I fully understand everything contained in this release and agree.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
Date

### Payment Information

Tuition plus a non-refundable \$30 registration fee (yearly fee) is due upon registration. Tuition is due by the first of each month. If accounts are paid after the tenth of the month, a late charge of \$25 will be applied to the account balance.

\_\_\_\_\_ I've read the above and agree.  
Initial

**The School year session begins the Monday before Labor Day and lasts through May. The summer schedule begins in June through the second week of August. Enrollment is continuous until the end of the term unless drop notification is received in writing by the 15<sup>th</sup> of the month prior to withdrawal. Drop notice forms are available on our website and at the front desk. After four consecutive absences without payment and without drop notification, enrollment will be terminated and the current balance will still be owed.**

\_\_\_\_\_ I've read the above and agree.  
Initial

**Billing Delivery:** I'd like to receive my bill by Mail \_\_\_\_\_ or I'd like to receive my bill by E-Mail \_\_\_\_\_

**Payment Choices:** Monthly cash or check, E-Payment through automatic draft from checking account or automatic credit card payment; If you choose an automatic monthly payment, you will not receive a bill. If you choose to pay monthly, River City Gymnastics, Inc. reserves the right to charge your CC or bank account if your payment is not received by the 20<sup>th</sup> of the month.

#### Automatic Credit Card Payment

Credit Card Type: Visa or Mastercard Name as it appears on card: \_\_\_\_\_

**Please Write CC number on last sheet- It will be shredded after it is entered into your records.**

Billing Address if different from home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**E-Payments may be scheduled on the: 1<sup>st</sup>, 5<sup>th</sup>, or 10<sup>th</sup> Please Choose payment date:** \_\_\_\_\_

#### Automatic Bank Draft

Bank Name \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name as it appears on Acct. \_\_\_\_\_

**E-Payments may be scheduled on the: 1<sup>st</sup>, 5<sup>th</sup>, or 10<sup>th</sup> Please Choose payment date:** \_\_\_\_\_

I authorize River City Gymnastics, Inc. to initiate debit entries to my checking or credit card account and to debit the same account monthly and to credit it in the event of error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until River City has received 30 days written notice of its termination in such time and in such manner as to afford River City and the bank/credit institution a reasonable time to act upon it.

\_\_\_\_\_ I've read the above and agree.  
Initial

# To Be Shredded

Credit Card #: \_\_\_\_\_ Exp Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Or**

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_