

Pos# _____

REGISTRATION FORM
NAYDENOV GYMNASTICS
5313 NE 94TH AVENUE • VANCOUVER, WA 98662
(360) 944-4444 • (503) 283-0440

Class# _____

Start Date _____

CHILD'S NAME: Last: _____ First: _____

BIRTHDATE: ___/___/___ SEX: F M

HOME PHONE: (____) _____ CELL PHONE: (____) _____

PARENT/GUARDIAN (if under 18): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

E-MAIL ADDRESS: _____

ENROLLMENT OBLIGATION: Parent/Guardian is responsible for making tuition payment on time and in full by each due date. If your payment is received late, a \$5 late fee will be charged to your account. **If you need to drop your child from the program, we must receive, in writing a notice either dropped off at the front desk or mailed BEFORE the next session.** If we do not receive notice, you will be billed for subsequent sessions until we receive a drop notice.

AGREEMENT TO PARTICIPATE: I understand that gymnastics like any other situation involving height and movement, **involves risk and the chance of serious injury.** This participant has no problems that might compromise their safe involvement.

RELEASE: I understand that **Naydenov Gymnastics does not carry medical insurance for participants.** I hereby consent to have my child/ward participate in programs offered by Naydenov Gymnastics (NG). Precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries. Parent or emergency contact will be notified if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against NG or its representatives, whether paid or volunteer, for any injury or damages in connection with the gymnastics program or other activities related to NG. I fully understand the risks involved in respect to such programs.

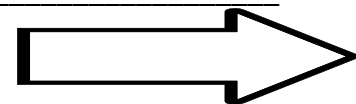
PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named participant is in good health. I hereby authorize NG to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Allergies: _____ Past Injuries: _____

Physical Limitations: _____

SIGNATURE: _____ DATE: _____

Parent, Legal Guardian or Adult Participant



MORE ON BACK

**Initial
all lines**

PAYMENT: Payment is due one week *PRIOR* to the first lesson of the session. *If payment is late (unless you are registering) a \$5.00 late fee will be charged to your account.* If payment is not received by the first lesson, your child may be asked to sit out. When paying by check, please be sure to write your child's name in the memo area to assure payment is applied to the correct account. Any account that needs collection activity may be subject to additional fees. Refunds are only given for the next payment session. Once a session has started, no cash/check refunds are given. If a 2 week notice is given, the account will be given credit to be used for future classes.

MAKE-UP LESSONS: If you or your child is unable to attend, we allow make-ups in other classes. *Make-ups are only valid for 30 days after the student has missed his/her scheduled classes.* We will not credit the missed class to the next session. Make-ups must be scheduled with the front office *PRIOR* to the class the student will be making up. When scheduling make-ups, you must indicate the day the student missed. If you are mistaken your account will be subsequently charged. There will be no make-ups for competitive teams. You must be a current member to do make-ups. Make-ups can also be used for SUNDAY OPEN GYM 5:30pm-7:30pm.

DROP POLICY: **A written notice is required before the start of the next session that your student will be dropping.** If you do not provide a note, you will receive a bill for subsequent sessions until we receive written notice. Our drop forms are located near the office.

CREDITS/REFUNDS: Credits and refunds are only an option for days that we were closed with the exception for competitive teams. We offer make ups for days missed due to illness or injury.

SAFETY: No parents are allowed in the gym area, unless authorized by the office. *There is a viewing area upstairs for all observers and in the back gym.* Absolutely no students are allowed in the gym until their class starts. If your child is caught playing on the equipment or is in the gym without the supervision of a Naydenov Gymnastics employee, your child will be asked to leave the gym. I, as a parent or guardian, understand that any injuries that occur before or after class time due to my negligence are my responsibility and Naydenov Gymnastics, INC. cannot be held accountable.

PARENTS: All students are to be picked up/dropped off by the blue benches outside the restroom entrance to the gym. All viewing is to be done upstairs in the front gym, or on the benches in the back gym. Students must be picked up on time, as they are not supervised once class is over.

I have read, initialed, and understand all the above policies.

Signature: _____ Date: _____