

kozeev's world of gymnastics inc.
CLUB REGISTRATION FORM

Last Name _____ Home Phone _____ Other Phone _____

Home Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Employer _____ Phone _____

Mother's Name _____ Employer _____ Phone _____

Insurance _____ Policy # _____

How did you hear about us? Student ___ Friend ___ TV ___ Newspaper ___ Yellow Pages ___ Drove by ___ Other _____

Student #1 Name _____ Sex _____ Birth date _____ School _____

Office Use: New ___ Returning ___ Class _____ Day(s)&Time(s) _____ Age _____

Student #2 Name _____ Sex _____ Birth date _____ School _____

Office Use: New ___ Returning ___ Class _____ Day(s)&Time(s) _____ Age _____

Please read important rules below. For complete Rules & Policies of the club please refer to our Rules & Policies brochure.

- Kozeev's World of Gymnastics, Inc. provides a Secondary Accident Insurance Policy – EACH STUDENT MUST HAVE THEIR OWN INSURANCE
- It is the policy of Kozeev's World of Gymnastics Inc. not to refund tuition fees except in case of class cancellation, or injury/illness (With Doctor's written excuse; Refund will only be given for classes not used)
- Do not bring or send personal items or jewelry to Kozeev's World of Gymnastics Inc. We are not responsible for items lost or stolen.
- Registration Fees are due upon registration and are good until next August (for Recreational Classes), or until next June (for Pre-Team/Team). Registration Fees are NON-REFUNDABLE.
- Kozeev's World of Gymnastics, Inc. reserves the right to dismiss any student from its program at any time.

Discontinuation of the program (Recreational Classes):

If a customer chooses not to continue classes in the next month he/she must inform our gym in written form 7-days prior to the end of last month enrollment. If such notice is not received a customer will be required to pay registration fee again in the case he/she decides to come back to our program. If such notice is received a customer may come back to our program in the same school-year without paying additional registration fee.

Discontinuation of the program (Pre-Team/Team):

Pre-Team/Team members have 12 month enrollment from June until next June month with convenient 12-payments. These members are responsible for all the payments whether a student attends practices or not.

FEES MUST BE PAID IN ACCORDANCE WITH PRINTED FEE SCHEDULE AND RULES AND POLICIES OF THE CLUB. STUDENTS MAY NOT ATTEND CLASSES UNLESS ALL FEES ARE CURRENT.

I have received a brochure on Rules & Policies of the club. All of the Rules & Policies above and in the brochure having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Printed Name _____ Signature _____ Date _____

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of the above listed student(s) I hereby consent to the above named person(s) participating in the programs offered by Kozeev's World of Gymnastics Inc.. I recognize that potentially severe injuries, including sprains, strains broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child(ren) participant(s). I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices including the trampoline.

I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to Kozeev's World of Gymnastics Inc. for allowing my child(ren) to use the facilities and equipment at Kozeev's World of Gymnastics Inc., an additional and important part of the consideration due to Kozeev's World of Gymnastics Inc. is the signed release form.

Therefore, in consideration for allowing my child(ren) to use the Kozeev's World of Gymnastics Inc. equipment and facilities, I hereby forever release Kozeev's World of Gymnastics Inc., its owners, officers, employees, teachers, and coaches from all liability for any damage and injuries suffered by my child(ren) while under the instruction, supervision or control of Kozeev's World of Gymnastics Inc., its owners, officers, employees, teachers, or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Kozeev's World of Gymnastics Inc.. In addition I confirm that my child(ren) have been examined by a physician who has cleared them for unrestricted participation in these activities.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Printed Name _____ Signature _____ Date _____