



Registration for Recreational Gymnastic Classes

Office Use Only:

Entered: _____

Please enroll my child in the following class:

Class Level (Circle one) Tumbletots (2-3) Tumblebugs (3-4) Tumbleweeds (4-5) Gymkids (5+)
Girls Level 1 Girls Level 2 Girls Level 3 Boys Level 1 Boys Level 2
Tramp 'n Tumble

Session _____

Day (Circle one) Monday Tuesday Wednesday Thursday Friday Saturday

Class time Start Time _____ a.m./p.m. Duration _____ minutes

Instructor Name _____

Gymnast's Name _____

Birth Date _____ **Age** _____ **Grade** _____

Parent's Name _____ **Email Address** _____

Address _____

City _____ **Zip** _____

Home Phone (____) _____ **Cell Phone** (____) _____

Emergency Contact _____ **Emergency Phone #** _____

Payment Information: **Check Attached** (Payable to WCOGA) **Credit Card** (Circle one) Visa MC

Credit Card Number _____ **Expiration Date** _____

Release of Liability:

As the parent or legal guardian, I hereby give permission for our child to participate in programs as West Coast Olympic Gymnastics Academy (WCOGA). I recognize that gymnastics is a sport that involves height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, I agree to waive all claims against WCOGA and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress – arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision or control of WCOGA. I hereby testify to our child's sound health of mind and body and I authorize WCOGA to seek medical treatment at the nearest medical facility in case of emergency.

I understand tuition and registration fees are non-refundable. Notification to withdraw from class must be received in writing **2 weeks** prior to the start of any new session. There are no refunds or credits for missed classes or holidays. I also understand and authorize WCOGA to initiate electronic payment for balances due on my account for tuition. I also understand drops must go through the office manager and drop dates will be effective the date of written notification. I understand my child will be "automatically" enrolled and billed for subsequent sessions. In order to stop payment, I must submit a written drop request prior to billing. I understand my credit card will be billed one week prior to the start of any new session.

I understand make-ups will be granted up to two time per session and that all make-ups must be completed within the current session of enrollment. I also understand make-ups need to be scheduled in advance through the office.

I understand I am responsible for bringing my child to class on time and picking my child up on time. I understand WCOGA is not responsible for my child after class and I will incur a late fee of \$10.00 per 10 minutes of my late arrival. I do not hold WCOGA responsible for any injuries that occur before or after my child's class.

Parent's Signature _____ **Date** _____