



596 BALDWIN STREET, SUITE 2 JENISON, MI 49428
616.457.4848 gokidsunlimited.com

Step 1. Family Information / Parent / Guardian / Billing Contact

Parent/Guardian First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____ How Did You Hear About Us? _____

Emergency Contact _____ EMERGENCY CONTACT PHONE: _____

Step 2. Participant Information

1st Participant Name: _____ Gender M/F Birthday: ____/____/____ Class _____

2nd Participant Name: _____ Gender M/F Birthday: ____/____/____ Class _____

3rd Participant Name: _____ Gender M/F Birthday: ____/____/____ Class _____

4th Participant Name: _____ Gender M/F Birthday: ____/____/____ Class _____

Special Medical Conditions/Allergies/Restrictions _____



ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatable's, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, play time, field trips, special olympics, swimming, competitions, preschool, group activities, family fun nights, parents night out, trampoline, dance, karate, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Gymnastiks Unlimited and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Gymnastiks Unlimited, Soccer Zone, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Gymnastiks Unlimited and Soccer Zone. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. Gymnastiks Unlimited and Soccer Zone will only warn the participant thru safety messages and our teaching style and progressions. I also understand and give permission for photographs and videos of named persons and/or participants and/or myself be used in print or broadcast media as deemed appropriate for the promotion of Gymnastiks Unlimited and Soccer Zone.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Gymnastiks Unlimited and Soccer Zone staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Gymnastiks Unlimited and Soccer Zone staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the Gymnastiks Unlimited and Soccer Zone staff to seek medical help including calling of an ambulance for said named persons and/or participants should the Gymnastiks Unlimited and Soccer Zone staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Gymnastiks Unlimited and Soccer Zone. I promise not to sue.

TUITION PAYMENT, ENROLLMENT AND INSTALLMENT BILLING INFORMATION I understand if the above named person is enrolled in a program that has **installment monthly tuition** I am continuously enrolled in the program and I will **incur installment monthly tuition charges on my account until I submit a Gymnastiks Unlimited class drop request.** This document may be obtained from the Gymnastiks Unlimited Business Office or downloaded from our website www.gymnastiksunlimited.com. If I am dropping a class (with installment monthly tuition) it must be done on or before payments are due. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that Gymnastiks Unlimited will give make-up classes, but not credits for missed classes. All sales are final for any product and/or service purchased and/or provided by Gymnastiks Unlimited. Contingent on availability Gymnastiks Unlimited may issue a Free pass to an open gym for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments of my balances due on my Gymnastiks Unlimited account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. **If my payment is not received on or before the due date, Gymnastiks Unlimited will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$15.00.** Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with Gymnastiks Unlimited. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the Gymnastiks Unlimited Business Office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$15.00 late/insufficient funds fee will be charged for all un-paid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Gymnastiks Unlimited to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, will be charged \$15.00 late fee each month until the account is paid in full or arrangements are made for payment. By attending Kids Unlimited/ Gymnastiks Unlimited Inc, I acknowledge the contagious nature of COVID - 19 and voluntarily assume the risk I or my family may be exposed to or infected by COVID - 19 or any other infectious diseases. I will not hold Kids Unlimited / Gymnastiks Unlimited or Soccer Zone liable in any way. I ACCEPT ALL RISKS associated with that participation.

Step 3. Payment and Installment Billing Information *(This is a binding agreement. Please make your selection below.)*

_____ I would like AUTOMATIC installment billing. Please charge my credit card the 20th of the month for the following month for my balance due and e-mail me my receipt. Auto billing only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and /or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Gymnastiks Unlimited class drop request.

How do I drop a class? I understand if my child is enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit a Gymnastiks Unlimited class drop request. This document may be obtained from the Gymnastiks Unlimited Business Office or download a DROP REQUEST here for your convenience. If you are dropping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If you drop a class after the month begins you will not receive credits and/or refunds for the remaining classes in the current month.

_____ Gymnastiks Unlimited and all affiliate programs have my permission to use my child(ren's) pictures for any and all advertising purposes.

Signature: X _____ I have read and completely understand all terms and conditions of this agreement. **Date:** _____