



Jacobs Gymnastics Membership/Registration / Waiver Form (2018)

Gymnast's Name _____ Birth date _____
 Class day and time _____ Level _____
 Home Phone _____
 Mom's Work #'s _____ Mom's cell _____ Place of employment _____
 Dad's Work # _____ Dad's cell _____ Place of employment _____
 Parents' Names _____ E-mail address _____
 Home address _____
 City _____ zip _____
 Doctor's Name _____ Doctor's Phone _____
 Gymnast's School and grade _____

List any medical problems, emergency treatments, food or drug allergies, previous injuries, special instructions regarding your child's health:

I do hereby give my permission and/or consent to Jacobs Gymnastics to secure and authorize such medical care and/or treatment for my child, _____ (name) as might be required, in case of emergency. I also agree to pay all the costs and fees incurred for any medical care or treatment for my child as secured and authorized under that consent. I will not hold Jacobs Gymnastics or those affiliated with Jacobs Gymnastics responsible for any injury or illness.

I am further aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. Also, I understand that gymnastics, cheerleading and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. Participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may also pose risk. Participation is voluntarily with knowledge of the risks involved and parents hereby agree to accept any and all inherent risks of property damage, personal injury, or death. Parents/guardians also agree to indemnify and hold harmless Jacobs Gymnastics and all other listed for any and all claims arising as a result of their child engaging or receiving instruction in Jacobs Gymnastics, activities incidental thereto, whenever, wherever, or however the same may occur.

Signature of Parent/Guardian _____ date _____

My insurance company is: _____ policy # is _____

Mailing address:
Jacobs Gymnastics
75 NE Venture Drive – Suite A
Waukee, IA 50263



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Gymnast's Name _____

We are asking for information on this sheet in case of defaulted payment.

We request tuition be paid the first week of every month, by cash or check – or automatic bill pay (you set it up with your on-line banking) In order to keep our tuition low.

If you have problems or questions, please contact Chris via email or in person to resolve the payment issue. To alleviate the past issues of collections for unpaid accounts, we are now requiring credit card info to be kept on file.

The card will be charged if you are more than 15 days past due including a \$10 late fee.

This information will be locked securely in the office and shredded upon discontinuation.

Name on card _____ Customer's zip code _____

Credit card MC/VISA/Discover – number _____ - _____ - _____

Expiration date _____ Security code on back (3 digit number) _____

Please Initial the following policy items:

____ Initial payment includes membership/registration fee of \$20 per recreational gymnast, \$30 per House Team gymnast, \$50 per Xcel gymnast, monthly tuition as quoted in the confirmation email. Registration fees renew each fall. Tuition is paid the first month in advance. We pro-rate only the first month if a gymnast is not beginning the first week of the month.

____ I authorize Jacobs Gymnastics to charge my credit card in payment **for past due tuition only**.

____ I agree to give Jacobs Gymnastics a **2 week written or email notice prior to discontinuing lessons**. Failure to do so will result in charges continuing until notice is given. My credit card will be charged as outlined above.

____ I understand a leotard is required. Lycra shorts are allowed (not required) and hair will be secured off face and neck for safety before class starts. Gymnasts should **not** wear sweat pants, loose clothing, jewelry, socks/tights, and leotards with skirts – all a safety hazard.

____ Supervision of gymnasts and siblings in the lobby; before, during and after class is the responsibility of the parent. Any damage is also the parent's responsibility.

____ **Gymnasts are expected to be picked up promptly after class. Please make prompt pick up a priority! No one likes to be the one left waiting, especially when the coaches are locking the gym. To ensure safety, please be here a few minutes early. Also, let the lobby manager or coach know if someone else is picking up your child.**

Please feel free to contact Chris with any questions or concerns you have regarding your gymnast, classes or anything here at Jacobs. Email is the best form of communication.

We strive to make your gymnast's experience at Jacobs a fun, positive activity with growth in self-confidence, strength, flexibility, agility, and more! Help us by adhering to the above policies so we can focus on coaching your gymnast! We look forward to seeing your child's progress and love of gymnastics grow at Jacobs!