



## PROGRAM REGISTRATION FORM

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Cell: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

In an emergency, the person to be notified if parents can not be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### How Did You Hear About Coast Elite?

- Mailer
- Website
- Newspaper
- Birthday Party
- Word of Mouth
- Social Media  
Specify \_\_\_\_\_
- Ad  
Where \_\_\_\_\_
- Other

### Authorization

I fully understand that the staff of Coast Elite Gymnastics Academy (CEGA, Inc.) are not physicians of any kind. With that in mind, I hereby release CEGA Inc. to render first aid to my child in the event of any injury or illness and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities with CEGA Inc. **INITIALS:** \_\_\_\_\_

**Does your child have any medical conditions or take any medications we should be aware of? (Ex: asthma, breathing problems, heart conditions etc.)**

**Has your child had any recent injuries, surgeries, or any other medical condition (mental or physical) we should be aware of?**

**Date of Last Physical:** \_\_\_\_\_ **Results:** \_\_\_\_\_

I understand that to keep my preferred class day & time the session tuition is due on week one of each session. If payment is not received by the third week of the session, your child's space in class may become available and students waiting may be called and offered the space. **INITIALS:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ASSUMPTION OF RISK - WAIVER OF LIABILITY – PHOTO RELEASE – ENROLLMENT POLICIES

As a parent or legal guardian of (Your Child's Name) X \_\_\_\_\_, I hereby consent to his/her participation in any or all of the programs offered by Coast Elite Gymnastics Academy (CEGA, Inc.). I understand that participation in gymnastics, tumbling, trampoline, dance, and any and all other activities at CEGA, Inc. may result in unavoidable injuries including, but not limited to, muscle and other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disability or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body in a unique environment. I am fully aware of all the inherent risks involved in gymnastics, tumbling, trampoline, dance, and any and all other activities at CEGA, Inc. and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Coast Elite Gymnastics Academy, CEGA Inc., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Dave Zwiefelhofer, Cathi Curtis, Coast Elite Gymnastics Academy, CEGA Inc., or any agent, employee, representative, or other acting on their behalf and to indemnify, defend and hold harmless Dave Zwiefelhofer, Cathi Curtis, Coast Elite Gymnastics Academy, CEGA Inc., or any agent, employee, representative, or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Coast Elite Gymnastics Academy, CEGA Inc. It is also my intent to release Dave Zwiefelhofer, Cathi Curtis, Coast Elite Gymnastics Academy, CEGA Inc., or any agent, employee, representative, or other acting on their behalf from liability for ordinary negligent conduct which may occur in the future and agree not to sue.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Coast Elite's publicity or advertising.

Coast Elite Gymnastics offers a year round program and enrollment in a class will continue until a change of enrollment request is received and processed.

**Change of enrollment requests must be made in writing two (2) weeks before the beginning of the session for which change is desired.**

Please note that Coast Elite does not bill and session payments are due no later than the 1st Saturday of the session; payments made after the 1st Saturday of a session, will incur a \$25 late fee. If payment has not been received by the third week of the session, your child's space in a class may be given to a wait-listed student. Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read, understood completely, and signed voluntarily by me. I am 18 years of age or older.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# COAST ELITE PAYMENT AND ENROLLMENT POLICIES

Effective 08/15/2016

**Refund Policy:** There are NO refunds of the registration fee. Tuition payments may not be refunded after the session has begun.

**Drop Procedure:** We require a two week notice when dropping a class. Notice may be submitted in writing to the office, emailed to [info@coastelite.com](mailto:info@coastelite.com) Please include the student's name and the reason for dropping. You may specify a date or we will automatically remove your student from classes two weeks from the date notice was received.

**Returned Check Policy:** A fee of \$25.00 will be charged for all returned checks. After notification, if there is further disregard of payment, Coast Elite will file with the County Attorney's office.

**Credit Card Decline Fee:** A fee of \$25.00 will be charged for all declined credit cards.

**Late Payments:** Payments must be received by the first Saturday of the new session. Payments received after the first Saturday of the new session will incur a \$25 late fee.

**Missed Lessons:** A student's place is reserved for the session. Therefore, missed lessons may not be deducted from payments, nor will there be refunds for them.

**Make-Ups:** Students may make-up one class per four week session; make-ups will only be allowed in classes with space available and must be scheduled in advance. Students must be currently enrolled to take a make-up class; make-up classes will be forfeited if student requests to drop.

**Lost Items:** Coast Elite Gymnastics Academy cannot be responsible for any lost items.

**Registration & Tuition Fees:** The registration fee is a processing fee due upon registration and renewed annually. At the time you enroll in a class, you pay the registration fee and a pro-rate for the first session's tuition. Thereafter, tuition is due the first week of each session. (Payment schedule is available at front desk or online at [coastelite.com](http://coastelite.com)) COAST ELITE DOES NOT BILL!!! Each student is responsible for 13 equal session payments per year, regardless of holidays and absences, unless drop notice is received. Tuition may be paid by credit card online at [coastelite.com](http://coastelite.com), or paid by cash, check or credit at the front desk. Please note that we generally do not keep cash on the premises; if you wish to pay cash please bring exact change. Checks may be made payable to Coast Elite Gymnastics. Auto bill is also available with a credit card on file.

**I have read, understood, and agreed to the above policies regarding payment and class enrollment at Coast Elite Gymnastics.**

Parent or Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_