

SMOKY MOUNTAIN GYMNASTICS

2023 - 2024 RELEASE & WAIVER FORM

Mon. Tues. Wed. Thurs. Sat. ___/___/20___ Class Time: ___: ___ am/pm

Gymnastics Preschool 18 months - 5 years old Cheer & Tumbling Ninja

Parent/Guardian Information:

First Name: _____ Last Name: _____

Phone Number: _____ Additional Phone Number: _____

Students Home Address: _____ City: _____ Zip: _____

Email: _____

How are you related to the student(s): Parents Guardian Other: _____

Emergency Contact Name: _____ Phone: _____

Does anyone else have permission to pick up your children: Yes No

Name: _____

How did you hear about our programs? _____

Student Membership Information:

1st Student's

First Name: _____ Last Name: _____

Birthday ___/___/_____ Age: _____ (M)___ (F)___ Grade _____

Are there any allergies, health conditions, past injuries, or physical condition we should be aware of? NO YES Please describe: _____

Does the above-named student wear eyeglasses, contacts, hearing aids or dental appliances? NO YES Should they be worn during class? _____

2nd Student's

First Name: _____ Last Name: _____

Birthday ___/___/_____ Age: _____ (M)___ (F)___ Grade _____

Are there any allergies, health conditions, past injuries, or physical condition we should be aware of? NO YES Please describe: _____

Does the above-named student wear eyeglasses, contacts, hearing aids or dental appliances? NO YES Should they be worn during class? _____

Insurance:

Are the above-named student(s) covered by your personal accident insurance?

No Yes: If yes, please indicate the insurance company. Insurance

Company: _____

Physicians Name: _____ Phone: _____

Our student accident policy is secondary to each parent's primary policy.

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FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTIC ACTIVITY:

By the very nature of the activity, gymnastics & cheerleading carry a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries includes minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. Gymnastics & cheerleading, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Smoky Mountain Gymnastics/Perpetual is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Smoky Mountain Gymnastics/Perpetual or cheerleading programs (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. In consideration for Smoky Mountain

Gymnastics/Perpetual and cheerleading program acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below. I hereby grant to Smoky Mountain Gymnastics/Perpetual Motion and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film, or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Smoky Mountain Gymnastics/Perpetual and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs, or films/videos.

Registration: Monthly payments can be made through Electric Funds Transfer from your checking account, or by check or credit/debit card. *You may register for a class any time during the month. The Reg fee will be prorated for the following months June, July & August. Please read the tuition and enrollment policies carefully. There is a \$25 charge issued on each check returned from the bank for any reason.

Refund Policy: No refunds. The registration fee is applied to immediate expenses before children step into the gym, therefore, this fee is non-refundable. We cannot issue refunds or credits for missed classes. Each spot in the class ensures that the instructor and expenses for that class are met. Prices are set by the spot reserved, not by attendance.

Make-up policy: You may have ONE make up per month at Smoky Mountain Gymnastics. To ensure that each class will not be disrupted or overloaded please call and schedule your make-up class. There are no credits or refunds for missed classes. Limited to one makeup per 4-week session if available. We cannot guarantee makeup if all classes are full for your child's level.

Payment Options: You have 3 options for paying tuition for your child's classes at SMG. Tuition payments are to be made to Perpetual Motion

1> You can pay monthly with an EFT account: \$64.00 monthly this payment is taken out of your checking account using a void check. This payment will be charged between the 25th – 31st of each month for the following month. SMG Tuition is due by the 1st of each month.

2> You can monthly with a Debit card or Credit card: \$68.00 monthly This payment will be charged between the 25th – 31st of each month for the following month. SMG Tuition is due by the 1st of each month.

3> You can pay monthly with a check or cash: If using this payment method, you will need to pay two months on your first month of classes. You will always be paying a month ahead. Your payment will be due on the 15th of each month for the following month. A late charge of \$25.00 will be added on the 20th of each month.

Late Payment Fee: Withdrawal Policy: Any child may withdraw or transfer from any "class" with a signed "withdrawal/transfer form". This form can be picked up in our lobby. Or you may email us a drop notice at admin.smgymnastics.com. Perpetual Motion requires a 30 day "written, withdrawal notice". This form must be signed by both the parent and any Perpetual Motion staff member with a verification copy going to each. Please note the day of notification and the day of the final class on the form. Tuition, by this signed contract above, will be due during the 4-week notification period. We do hope your child will attend his last four classes before his/her withdrawal date. An automatic notice is put in after the four non-notice class absences. This means eight weeks of classes are due and payable to any parent who leaves the program without proper notice.

General Policies:

Every child under the age of 3 years must be accompanied by a parent or caregiver. Baby siblings are not permitted in the class with the parent or caregiver. **Parents (other than Baby and Me classes), guests, and siblings are not permitted in the gym during the scheduled child's class for any reason. This is an insurance regulation. Guests, siblings, and parents must wait in the waiting room area.** Fees and class schedules are subject to change we will give you a month's notice. All collection costs will be charged to any past due account.

I have read the Release & waiver form, I also understand all policies, procedures, & tuition payment options.

Parent/Guardian Signature: _____ **Date:** _____

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident occurred at SMG during classes.

Parent/Guardian Signature: _____ **Date:** _____

SMOKY MOUNTAIN GYMNASTICS - Monthly Tuition and Policy

PAYMENT OPTIONS: **Monthly tuition is figured on an exact 4-week session.** Parents have 3 payment options. We encourage you to pay using EFT(Void Check) to receive your monthly payment at \$64 per month.

Monthly Session Dates: Your Monthly charge is from the 25 th - 31 st of each month							
Aug. 7/30-8/26	Sept. 8/27-9/23	Oct. 9/24-10/28	Nov. 10/29-11/25	Dec. 11/26 -12/30	Jan. 12/31-1/27	Feb. 1/28-2/24	March 2/25-3/30
April 3/31-4/27	May 4/28-5/25	June 5/26-6/24	July 6/25-6/28	SMG is closed the following Days: Sept. 2-4 / Oct. 2-8 / Nov. 22-26 / Dec. 23-29 / January 1 March 11-15 / March 29-31 / May 25-27 / July 1-8			

*Monthly Bank Auto(void check) - Save \$4 per month	Tuition	Additional Classes / Child	Tuition
Monthly Auto pay – 1 st class/child - 45-55 min. Class	\$64	Auto pay each additional class/child	\$52
Monthly Non-Bank Auto Pay – Cash/Check/Debit/CC	Tuition	Additional Classes / Child	Tuition
Monthly Non-auto pay – 1 st class/child - 45-55 min. Class	\$68	Non-Auto pay each additional class/child	\$52
Registration Fee	Fee	Additional Children	Fee
The annual membership fee is due in September or at the time of enrollment. This is a non-refundable fee. The fee will be discounted May-July. Sign up on the day of your FREE class & receive \$20 off your Registration Fee.	\$50 Family Fee	No charge for additional children	N/A

PAYMENT INFORMATION - TO BE FILLED OUT BY PARENTS

Registration Fee and the first month's payment are due at the time of enrollment. Sign up during your FREE class and receive \$20 off your Registration Fee. First Month will be prorated after Free Class. Please fill out credit card information or attach a VOID check (\$4 discount). If you are already receiving a Discount Group rate: No additional discounts apply.

Childs Name: _____ / **Childs Name** _____

Signature: _____ **Date:** _____

Please make checks payable to Perpetual Motion: Submitting this application with payment for classes acknowledges your acceptance of all payment, refund and insurance policies at Smoky Mountain Gymnastics/Perpetual Motion.

Card Number: _____ - _____ - _____ - _____ **Visa / MasterCard / Discover**

Card mailing address: _____ **City:** _____ **Zip:** _____

Exp. Date: ____/____/20____ **Total Amount Charged Monthly:** \$ _____ **or One time Charge:** \$ _____

Name on Card: _____ **Charge Card Monthly:** Y / N

To be filled out by Staff - ONLY

Students Name	Class	Day	Time	Start Date	Monthly Tuition	Group Discount
1.						
2.						
3.						

FIRST MONTH'S TUITION & REG. FEE - ONLY	MONTHLY TUITION
Pro-Rate Amounts: 4 weeks - \$68 / \$52 3 weeks - \$51 / \$39 2 weeks - \$34 / \$26 1 week - \$17 / \$13 First Months Total Tuition: \$ _____ Registration Fee: \$50 or \$30 Total Amount Due: \$ _____ First Months payment: Cash / Check / Card / EFT	\$68 first child / \$52 second child or class / \$58 group discount Total Monthly Amount Due: \$ _____ Monthly payment: Cash / Check / Card / EFT (\$4 off)

