

# SVDG

## Registration & Liability Release

Today's Date \_\_\_\_\_

Mothers full name \_\_\_\_\_ Fathers full name \_\_\_\_\_

Mothers employer \_\_\_\_\_ Fathers employer \_\_\_\_\_

Home phone \_\_\_\_\_ Mothers cell \_\_\_\_\_ Fathers cell \_\_\_\_\_

\*\*\*Email (most reliable) \_\_\_\_\_

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

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Students full name \_\_\_\_\_ Gender : Male Female

Student's date of birth \_\_\_\_\_ Current age \_\_\_\_\_

1<sup>st</sup> class name: gymnastics / dance / trampoline/ cheer

Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> class name: gymnastics / dance / trampoline/ cheer

Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Students full name \_\_\_\_\_ Gender: Male Female

Student's date of birth \_\_\_\_\_ Current age \_\_\_\_\_

1<sup>st</sup> class name: gymnastics / dance / trampoline/ cheer Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> class name: gymnastics / dance / trampoline/ cheer Day \_\_\_\_\_ Time \_\_\_\_\_

**Registration Fee: \$35.00 per student or \$50. Per family**

### Payment information

\*Forms of payment we accept: Cash, Check, Credit Card

\*There is a \$25.00 returned check charge for any checks returned by the bank

\*Registration is charged one time as long as the student is actively enrolled, or recharged each September

\*Tuition is due the 1<sup>st</sup> of each month and is based on monthly rates.

\* Accounts paid after the 10<sup>th</sup> are subject to a \$5.00 late fee

\_\_\_\_\_ Clients are responsible for tuition fees, until written notice to SVDG of any intent to discontinue has been given.

Billing will continue until notice is given.

### Referral Information

In an effort to give appreciation to those who recommend our programs please tell us how you heard about S.V. Dimensions

Friend (name) \_\_\_\_\_ Child care \_\_\_\_\_ Newspaper \_\_\_\_\_ yellow pages \_\_\_\_\_ other \_\_\_\_\_

## LIABILITY, MEDICAL, AND CONSENT RELEASE

### PAYMENT AGREEMENT

#### Release of Liability / Parent Consent

As the legal parent or guardian, I release and hold harmless Skagit Valley Dimensions of Gymnastics, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by participant and / or the undersigned, while in or upon the premises under the control and supervision of Skagit Valley Dimensions of Gymnastics, its owners and operators or in route to or from any said premises.

#### Medical Emergency Release

The undersigned gives permission to SV Dimensions of Gymnastics, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical /mental problems, restrictions, or conditions and/or declare the participant to be in good physical health and mental health.

I request that our doctor \_\_\_\_\_ be called and that my child be transported to

\_\_\_\_\_ hospital. Please include doctors # \_\_\_\_\_

Clients are responsible for tuition fees, until written notice to SVDG of intent to discontinue has been given. Billing will continue until notice is given.

Printed name of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_