

# Peninsula Gymnastics Registration Form

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Billing Address: \_\_\_\_\_

School / Grade: \_\_\_\_\_

Hospital/Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Insurance: \_\_\_\_\_

## In case of emergency please contact: (Other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**MEDICAL HISTORY**- Please list any and all medical conditions that we should be aware of:

### **PAYMENT POLICY** Peninsula gymnastics provides **Auto Payment Plan or Quarterly payments by check.**

Monthly tuition is due by the 7<sup>th</sup> of each month - if your child does not attend classes during that month - the payment is non-refundable. Quarterly payments are due by the 7<sup>th</sup> of the first month in the quarter. A late fee of \$5.00 will be charged to your account for all payments received after the 7<sup>th</sup> of the month. A \$15.00 service charge will be added for all returned checks. We do not provide billing statements, invoices are sent only to past due accounts.

### **TERMINATION NOTICE**

**Automatic Deduction/Monthly:** Please submit a written notice when dropping your child from our classes, by the 25<sup>th</sup> of the month to apply for the next month  
**Quarterly payments:** Please submit a written notice by the 25<sup>th</sup> of the end of the quarter to apply for the following quarter. Quarterly payments are non-refundable. If we have not received any notice and your child has discontinued this program, you will be billed automatically. Thank you.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***FOR OFFICE USE ONLY***

Instructors Name: \_\_\_\_\_

Days: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurd \_\_\_ Frid \_\_\_ Sat. \_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_

PAYMENT INFORMATION: Quarterly by check \_\_\_ Monthly auto: \_\_\_\_\_ Start: \_\_\_\_\_

Annual Fee: Amount \_\_\_\_\_ Monthly \_\_\_\_\_ Total: \_\_\_\_\_

Total Paid \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp. \_\_\_\_\_

**AUTHORIZATION AND AGREEMENT**  
**THIS DOCUMENT IS A CONTRACT - PLEASE READ CAREFULLY**

I/We, the undersigned do represent and acknowledge that I/we am/are the parent(s) and/or guardian(s) of \_\_\_\_\_, a minor.

I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_ do hereby nominate and authorize any principal in, owner of or adult instructor of **Peninsula Gymnastics**, hereinafter referred to as "Peninsula Gymnastics" as agent for the undersigned to consent to any medical care, X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician(s) and/or surgeon(s) licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of the said physician(s)/surgeon(s) or at the hospital. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. Said authorization is given to provide authority and power on the part of the aforesaid principal, owner and/or instructor to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician(s) surgeon(s), in the exercise of his/her their best judgment, may deem advisable. This authorization is given pursuant to the provisions of Sections 6900, et seq. and 6910 of the California Family Code. This authorization shall remain effective indefinitely, unless sooner revoked in writing, and delivered to said agent(s).

The undersigned hereby acknowledge that they are fully aware that participation in gymnastic activities can result in serious injury and even death to the participant in rare cases and that those individuals attending and using the Peninsula Gymnastics facilities do so at their own risk. The undersigned hereby further acknowledge and agree that Peninsula Gymnastics and/or its owners, principals, employees or agents shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises and the participant and/or his/her parent(s)/guardian(s) do/does hereby and fully release and discharge Peninsula Gymnastics, it's owners, principals, employees or agents, and all associated gyms, their owners, employees, and agents from all present or future claims, demands, rights of action resulting from or arising out of the participant's use of the gym and/or it's facilities.

The undersigned party(ies) hereby acknowledge that he/she has read and understand the rules and policies of Peninsula Gymnastics and agree to abide by them. The undersigned party(ies) also understand that he/she is responsible to pay for classes until the date he/she notifies the Peninsula Gymnastics office in writing of her/his intention to terminate this Agreement.

If any legal action, arbitration or other action is brought by a party to this Agreement concerning the rights and duties hereunder, to interpret or construe the provisions of this Agreement, payment for services rendered or which is in any way related to any gymnastic services rendered by Peninsula Gymnastics, the prevailing party shall be entitled to recover reasonable attorneys' fees from the other party. These fees, which may be set by the court or arbitrator in the same proceeding or in a separate action brought for that purpose, are in addition to any other relief to which the prevailing party may be entitled.

**ARBITRATION OF DISPUTE:** ANY CONTROVERSY, DISPUTE OR CLAIM, WHICH ARISES BETWEEN THE PARTIES TO THIS AGREEMENT, CONCERNING THIS AGREEMENT OR A PROVISION THEREOF, PAYMENT FOR SERVICES RENDERED BY GFC, THE RIGHTS OR DUTIES OF THE PARTIES IN REGARD TO THIS AGREEMENT, ANY SERVICE, ACTION OR ACTIVITY WHATSOEVER PROVIDED PURSUANT HERETO OR TAKEN BY GFC, ITS OWNERS, EMPLOYEES OR AGENTS SHALL BE SUBMITTED TO THE AMERICAN ARBITRATION ASSOCIATION ("AAA") OR JUDICIAL ARBITRATION AND MEDIATION SERVICES, INC. ("JAMS") OR THEIR SUCCESSOR ENTITIES FOR BINDING ARBITRATION. THE SELECTION BETWEEN THE AAA OR JAMS FORUM AND RULES SHALL BE MADE BY GFC. THE PARTIES MAY AGREE IN WRITING TO USE DIFFERENT RULES AN/OR ARBITRATORS OTHER THAN HEREIN PROVIDED. JUDGEMENT ON ANY AWARD RENEDEDERED BY THE ARBITRATOR(S) MAY BE ENTERED IN ANY COURT HAVING JURISDICITON. ALL COSTS AND ATTORNEYS FEES SHALL BE APPORTIONED BY THE ARBITRATOR(S). THE PARTIES HSALL HAVE THE FULL RIGHT TO DISCOVERY IN ACCORDANCE WITH THE DISCOVERY PROVISIONS OF THE CALIFORNIA CODE OF CIVIL PROCEDURE. IF YOU REFUSE TO SUBMIT TO ARBITRATION AFTER AGREEING TO THIS PROVISION, YOU MAY BE COMPELLED TO ARBITRATE UNDER THE AUTHORITY OF THE CALIFORNIA CODE OF CIVIL PROCEDURE.

THE UNDERSIGNED ACKNOWLEDGE THAT HE/SHE/THEY HAS/HAVE READ AND UNDERSTAND THE FOREGOING ARBITRATION OF DISPUTES PROVISION AND AGREE TO SUBMIT ALL DISPUTES TO NEUTRAL ARBITRATION. NOTWITHSTANDING THE FOREGOING, GFC, IN ITS SOLE DISCRETION, MAY SUBMIT ANY CLAIM(S) FOR NONPAYMENT FOR SERVICES RENDERED TO THE JURISDICTION OF THE SMALL CLAIMS COURT.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_