

PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC. and/or CONTRACTORS
6724 Amsterdam Way, Wilmington NC 28405 ~ Ph. 910-793-1921 Fax 910-793-1922
PROGRAM REGISTRATION, TERMS, AGREEMENTS, WAIVER AND RELEASES

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian of the listed named persons, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring-a-friend, knockerball, open gym, sleepovers, after school care and field trips. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC. and/or its CONTRACTORS** (hereinafter collectively referred to **PCG**) and I **ACCEPT ALL RISKS** associated with that participation. In consideration for allowing my child to use this facility, I, on my own behalf and on behalf of my child, and our respective heirs, administrators, executors, and successors, hereby **COVENANT NOT TO SUE and FOREVER RELEASE, PCG**, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of **PCG**. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics, fitness and injury. The parent should warn the child according to what the parent feels is appropriate. **PCG** will only warn the child thru Safety Messages and its teaching style and progressions. I also understand and give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of **PCG**.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I confirm that my child is in good health and I have medical insurance on my child and will provide coverage while he/she is enrolled. I fully understand that **PCG** and staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release **PCG** and staff members to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the **PCG** and staff to seek medical help including calling of an ambulance for said child should the **PCG** and staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by my child as a result of any injury sustained while participating at **PCG**.

TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION I understand if my child is enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will be charged monthly tuition charges on my account until I submit a **Class Stop** request form. This document may be obtained from **PCG** business office or downloaded from our website: www.portcitygymnastics.net If I am stopping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I stop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that **PCG** does not give credit and/or refunds for, but not limited to, programs, class(es), clinics, camps, private lessons, birthday parties, birthday party guests, bring-a-friend, knockerball, open gym, after school care and field trips, missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. **PCG** does not issue refunds. All sales are final for any product and/or service purchased and/or provided by **PCG**. Contingent on availability, **PCG** may issue a Free Pass to an open gym for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. During the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible for timely payments of my balances due on my **PCG** account.

_____ **From the date of registration forward my entire account balance shall be due the 1st of each month.** I understand this only applies to programs that have recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration.

_____ **PCG will initiate electronic payments for any balances due on my account on the 2nd of each month. Payments will be processed with the payment method/information I have provided and is kept on-file with PCG.** If for any reason, my payment is not processed completely/declined, due to card error or other processing issues, I acknowledge I will incur a \$10.00 administrative late fee if balance is not paid on or before the 5th day of the month. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify **PCG** business office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, I understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent charges/payments applied to my account. All currently enrolled students will be charged an annual registration fee of \$50 (per family) that will be posted to my account on the 1st day of the month of my registration anniversary date with **PCG**. I understand and give permission for photographs of my child to be used in print without name as deemed appropriate for the promotion of **PCG**. **PCG** reserves the right to modify the terms of this agreement with written notice.

Guardian Name (Print): _____

Guardian Signature: _____

Date: _____

**PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC. and/or CONTRACTORS
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Family Information / Billing Contact/Agreement

Parent/Guardian First Name: _____		Last Name: _____	
2 nd Party Billing (If Different) First Name: _____		Last Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
*Home Phone: _____	*Cell Phone: _____	Work Phone: _____	
*E-Mail: _____		How Did You Hear About Us? _____	
*Emergency Contact Name: _____		Emergency Contact #: _____	

Student Information

	Special Medical Conditions/Allergies/Restrictions
1 st Student Name: _____ D.O.B _____	_____
2 nd Student Name: _____ D.O.B _____	_____
3 rd Student Name: _____ D.O.B _____	_____
4 th Student Name: _____ D.O.B _____	_____

Monthly Payment Information and Agreement

____ I agree to have my account processed with auto billing. Please charge my payment information on file on the 2nd day of each month (each week if program applies) for any balance due and e-mail me my receipt. Auto billing applies only to programs that have a recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if my child is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit a **PCG Class Stop Request Form**. If for any reason, my payment is not processed completely/declined, due to card error or other processing issues, I acknowledge I will incur a \$10.00 administrative late fee if balance is not paid on or before the 5th day of the month. **PCG** shall have the right to charge late fees, interest, collection and legal fees to accounts that are deemed more than 30 days past due.

____ I agree that PCG program is designed for monthly tuition drafting from an e-billing system. Though we understand your billing needs and will try to accommodate them, we cannot guarantee that it will draft in the manner that you are requesting. Please be aware that splitting fees, or paying in alternating months with more than one card can generate billing mistakes. Should that occur we will do what we can to remedy the situation. Thank you for your understanding.

Guardian Signature: _____ Date: _____

OFFICE USE ONLY

1 st Student Name: _____	CLS _____	TIME _____	TR. CLS DATE _____
2 nd Student Name: _____	CLS _____	TIME _____	TR. CLS DATE _____
3 rd Student Name: _____	CLS _____	TIME _____	TR. CLS DATE _____

Comments _____
