

**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, karate, 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** 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, **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**, 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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics, karate, fitness and injury. The parent should warn the child according to what the parent feels is appropriate. **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** will only warn the child thru Safety Messages and our 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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**.

**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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** and staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** 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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** and Staff to seek medical help including calling of an ambulance for said child should the **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** 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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**.

**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 incur monthly tuition charges on my account until I submit a **Class Stop** request form. This document may be obtained from **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** Business Office or downloaded from our website: [www.portcitygymnastics.net](http://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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** does not give make-up classes, credit and/or refunds for, but not limited to, programs, class(es), clinics, camps, private lessons, birthday parties, birthday party guests, bring-a-friend, karate, open gym, after school care and field trips, missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** do not issue refunds. All sales are final for any product and/or service purchased and/or provided by **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** Contingent on availability, **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** 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. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments of my balances due on my **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** 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 reoccurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** 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 **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** 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 \$35 (one child) or \$50 (family) that will be posted to my account on the 1st day of the month of my registration anniversary date with **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**. I understand and give permission for photographs of my child to be used in print without name as deemed appropriate for the promotion of **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS**. **PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.** and/or its **CONTRACTORS** reserve the right to modify the terms of this agreement with written notice.

Guardian Name (Print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

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

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**Family Information / Billing Contact/Agreement**

Parent/Guardian First Name: _____		Last Name: _____	
2 <sup>nd</sup> 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/Allergies/Restrictions
1 <sup>st</sup> Student Name: _____ D.O.B _____ Sex _____	
2nd Student Name: _____ D.O.B _____ Sex _____	
3rd Student Name: _____ D.O.B _____ Sex _____	

**Monthly Payment Information and Agreement**

\_\_\_\_ I would like auto billing. Please charge my payment information on file on the 1st day of each month (week if program applies) for my balance due and e-mail me my receipt. Auto billing applies only to programs that have a reoccurring 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 reoccurring monthly tuition I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit a **PORT CITY GYMNASTICS** class stop request form.

\_\_\_\_ I will pay my account balance due on the 1st of each month (week if program applies) through the **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.** business office. If my payment is not received on or before the 7<sup>th</sup> day of the month, **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.**, at the company's discretion, has the right to initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. I understand that **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.** does not send out a monthly bill and it is my responsibility to pay my account balance at the **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.** business office. I understand this only applies to programs that have reoccurring 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 reoccurring monthly tuition I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit a **PORT CITY GYMNASTICS** class stop request form. **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.** shall have the right to charge late fees, interest, collection and legal fees to accounts that are deemed more than 30 days past due.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

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

Comments \_\_\_\_\_