

IRGA STUDENT INFORMATION FORM

Student's Name _____ Birth Date ____/____/____ Age _____ Male / Female
Address _____ Town _____ State _____ Zip _____
Mother's Name _____
Home Phone () _____ - _____ Cell Phone () _____ - _____
Father's Name _____
Home Phone () _____ - _____ Cell Phone () _____ - _____
Email Address (will not be shared) _____ How Did You Hear About Us? _____

Please Indicate Class Choice:
1st Choice: Class _____ Day _____ Time _____
2nd Choice: Class _____ Day _____ Time _____

In case of accident who to call if parents cannot be reached: _____
Name _____ Phone () _____ - _____
Any intolerance to drugs or medication? _____
Any previous illness or injury we should be aware of? _____
If so, are there any restrictions? _____

MEMBERSHIP AGREEMENT AND INFORMATION

In consideration of my membership in Iron Rail Gymnastics Academy/Cape Ann Gymnastics, and my participation in Iron Rail Gymnastics Academy/Cape Ann Gymnastics classes, events, and activities, I agree to be bound by each of the following:

- 1. Eligibility: I agree to comply with the rules of Iron Rail Gymnastics Academy/Cape Ann Gymnastics.
2. Medical Attention: I hereby give my consent to Iron Rail Gymnastics Academy/Cape Ann Gymnastics and /or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my (child's) participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics and/or karate activities and events. I further agree that the Iron Rail Gymnastics Academy/Cape Ann Gymnastics, and the sponsor of any Iron Rail Gymnastics Academy/Cape Ann Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my (child's) participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above.
5. Rules & Policies: I have read and agree to abide by the rules & policies of Iron Rail Gymnastics Academy/Cape Ann Gymnastics. I understand that no credits or refunds will be given for classes not attended. At the time of registration the registration fee and the 1st months tuition are due for all customers. There is an annual registration fee of \$50.00. For each following month, tuition will be due by the 1st of each month, example: Novembers tuition is due by November 1st. If payment is not received by the 7th of the month your balance will be charged to the credit card on file (see credit card section below). Accounts that become 30 days overdue will be considered grounds for collections action. Declined credit card charges or returned checks will be charged a \$30.00 fee. I agree to pay any late or returned check fees when applicable, and to submit written notice three weeks prior to withdrawing from the program. For any student who is not yet 18 years old: As legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Iron Rail Gymnastics Academy/Cape Ann Gymnastics.

_____ Date ____/____/____
Signature of Participant or Parent/Guardian if under 18

PHOTO RELEASE

I give Iron Rail Gymnastics Academy/Cape Ann Gymnastics permission to use any and all photos taken of me at Iron Rail Gymnastics Academy/Cape Ann Gymnastics for promotional materials.

_____ Date ____/____/____
Signature of Participant or Parent/Guardian if under 18

Credit Card Info: Type of Card (please circle one): Visa Mastercard Name on the card: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____