



Registration Form and Consent & Liability Release

Klahhane Gymnastics
3318 E Acorn Ln. Port Angeles, WA 98362
(360) 457-5187
klahhanegymnastics@gmail.com



Office Use Only:

Class/Team _____

Workout Time _____

USAG # _____

Please print clearly

Today's date _____

Gymnast's Full Name _____ Birthdate: _____ / _____ / _____

School _____ Grade _____ Dismissal Time _____

Gymnast's Full Name _____ Birthdate: _____ / _____ / _____

School _____ Grade _____ Dismissal Time _____

Family Information

Mother's Full Name _____ Employer _____

Father's Full Name _____ Employer _____

Mail Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

E-mail _____ **(Klahhane Gymnastics communicates primarily by email)**

Emergency Contact _____ Relation _____ Phone (____) _____

Will someone other than parent be paying tuition? N Y Name _____ Phone (____) _____

Does a non-custodial parent need to receive information? No Yes If yes please provide contact information.

Name _____ Address _____

Email _____ Phone (____) _____

How did you hear about our program?

Please read the following information carefully and sign as indicated.

Initials

Liability Release

In consideration of allowing the previously-declared participant(s) to begin participation in Klahhane Gymnastics activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Klahhane Gymnastics, Inc., a Washington Non-Profit Corporation, its officers, employees, and agents of and 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 the participant and/or the undersigned, while in or upon the premises upon which Klahhane Gymnastics is conducted, or any premises under the control and supervision of Klahhane Gymnastics Inc., its officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Klahhane Gymnastics Inc., its officers, agents, or employees.

Initials

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

(Continued on back)

Medical Information

Does any child listed on page 1 have any physical conditions or restrictions that will limit their participation in physical activities? No Yes Child's Name _____

Does any child listed on page 1 have any physical or mental conditions that we should be aware of? No Yes Child's Name _____

If yes please give details:

Injuries	Medical Conditions	Allergies
Sprain/Strain	Heart	Medication
Fracture/Stress Fracture	Diabetes/Thyroid	Food Allergies/Restrictions
Head/Neck/Back	Seizure/ADD/ADHD	Insects
Knee/Ankle/Foot/Wrist/Elbow	Vision/Hearing Impairment	Uses Inhaler ____ Yes ____ No

Does any child listed on page 1 have any social or emotional difficulties, family situations or custodial arrangements that we should be aware of?

No Yes Child's Name _____ Please use the space below to explain further.

Initials

Medical Release

The undersigned gives permission for the Klahhane Gymnastics employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Health Insurance Carrier _____ Policy # _____

Initials

Publicity Release

I understand that my child's name and/or likeness may be used in Klahhane Gymnastics press releases, website material, or various other marketing. These images will be used for Klahhane Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

Initials

Payment Information

Klahhane Gymnastics does not process debit or credit cards. There is an annual registration fee of \$25 per child due at the time of registration.. Tuition based on flat monthly rates assuming a 4-week month is due on or before the first class of each month regardless of attendance. Prorated tuition will occur during the first month only. **Klahhane Gymnastics does not send out monthly statements.** Payments can be made in the office, placed in the office drop box or mailed to our mailing address. Prior notice of intent to discontinue is required. Failure to notify the office at least two (2) weeks prior to discontinuing will result in a drop fee of 50% of the monthly tuition. Additional classes during a month will be considered a makeup for classes missed while Klahhane Gymnastics is closed for holidays. Over a year this averages out and is a less confusing payment arrangement for everyone concerned. We will attempt to re-schedule classes that are cancelled due to weather conditions or unforeseen circumstances when we can, but it may not always be possible. Accounts paid after the tenth of the month will have a \$10.00 late fee applied to the account balance. If you need to make different payment arrangements please contact the Director and we'll be happy to work something out. Accounts that become 30 days overdue without prior arrangement will be considered grounds for collections action. There is a \$20.00 returned check charge for any checks returned by the bank. **I understand that if I bounce checks, Klahhane Gymnastics will require cash or money order payments only from that point forward.**

Parent/Guardian Signature _____ Date _____

Participant Signature if over 18 years of age _____ Date _____