



4731 South Commerce Dr.
Murray, Utah 84107

801.)#(.\$.+) * PHONE
www.epicgymnastics.com

REGISTRATION FORM

Registration Date: ____ / ____ / ____ Registration Fee: _____

Mothers Full Name: _____ Mothers Employer: _____

Phone Numbers - Home: _____ Cell: _____ Work: _____

Fathers Full Name: _____ Fathers Employer: _____

Phone Numbers - Home: _____ Cell: _____ Work: _____

Billing Address: _____ City: _____ ZIP: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

E-mail Address: _____ How did you hear about us? _____

If referred, name of the person who referred you to us: _____

1) Student Name: _____ Gender: _____ DOB: ____ / ____ / ____

2) Student Name: _____ Gender: _____ DOB: ____ / ____ / ____

3) Student Name: _____ Gender: _____ DOB: ____ / ____ / ____

4) Student Name: _____ Gender: _____ DOB: ____ / ____ / ____

5) Student Name: _____ Gender: _____ DOB: ____ / ____ / ____

Please describe any special needs, restrictions, or custody issues your child(ren) may have:

Allergies (food, medication, insect bites): _____

Health Insurance Carrier: _____

PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM

PAYMENT INFORMATION

I agree to pay lesson fees prior to , or at the time of registration. In the event that I am allowed to make payments on a monthly basis, I understand the payment is due on the 1st of each month. A 5 day grace period will be allowed for the monthly payment to be made. If a payment is late, a \$25 late fee will be assessed. I agree to pay for all scheduled classes (if your child is on the roll, he/she is scheduled for classes.) I understand that there will be no refunds after the second week of each session. I am responsible for my child's tuition whether or not they attend class. I understand that I am allowed to makeup two missed classes per session at the scheduled make-up day and time. I must call the gym for this day.

PROPER ATTIRE

For Girls - Hair pulled back, out of the face and off the neck. Leotards and tight-fitting shorts only. No loose fitting clothing or clothes with zippers, buttons, or snaps of any kind. No socks. No jewelry except for stud earrings.

For Boys - T-shirts or tank tops that can be tucked in. No loose fitting clothing or clothes with zippers, buttons, or snaps of any kind. No socks.

RULES OF CONDUCT

Only enrolled students and Epic Gymnastics staff are allowed on the gym floor. Once class has begun the student must stay on the gym floor unless authorized by the coach. The only time a student is allowed on the equipment is when they are being instructed by their coach. If a student's behavior becomes excessively disrespectful, disobedient, or disruptive they may be asked to sit out for the duration of the class at the sole discretion of their coach. Finally, coaches need the student's full attention in order to create a safe and effective learning environment. Please don't do anything that would distract them.

RELEASE OF LIABILITY

In consideration of allowing the previously declared participant to begin participation in Epic Gymnastics activities, while on the premises and property of said business, the undersigned, being the legal guardian of participant, action for themselves and on behalf of the participant, release and hold harmless Epic Gymnastics LLC, its owners, managers, 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 Epic Gymnastics is conducted, or any premises under the control and supervision of Epic Gymnastics, its owners, managers, 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 Epic Gymnastics, its owners, managers, employees, or agents.

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 choose to voluntarily enter upon said premises under the control of said company, 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 voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

The company may but shall not be obliged to carry insurance on the participant, 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 as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participation.

MEDICAL RELEASE FORM

I hereby declare any physical problems or restrictions. I am also listing any known allergies or special conditions of any kind as well as any medications my child takes.

The undersigned gives permission for the Epic Gymnastics owners, managers, employees, and/or agents to seek emergency medical treatment for the student 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 in said action.

Parent/Guardian Signature: _____ Date: _____

Participant Signature (if over 18 years of age): _____ Date: _____