

# GYMNASTICS REGISTRATION 2024



## EFT MONTHLY PAYMENTS

This is a continuous monthly payment plan for the entire 2023 - 2024 Gymnastics Season (September - July). By signing this agreement you authorize The Shrewsbury Club to automatically debit your chosen method of payment on the 7th of each month until all your payments have been made. If The Shrewsbury Club is unable to collect your payment for any reason, your method of payment may be double billed the following month. All Gymnastics EFT payments are non-refundable.

By initialing, I agree to abide by the above terms: \_\_\_\_\_ (int.)

## GYMNASTICS MAKEUP POLICY

There will be no refunds for classes missed because of conflicting schedule or illness. If you wish to make up a missed class, you must schedule it prior with the instructor. Make up classes are available as long as there is reasonable availability in a similar age and skill level class.

In the event of classes cancelled by The Club due to weather, facility's inability to operate, or instructor illness; a make up class will be provided as long as there is additional space and availability in accordance with our club wide programming schedule. Otherwise, a club credit will be applied to your account for the cancelled class

By initialing, I agree to abide by the above policy: \_\_\_\_\_ (int.)

## EFT VOLUNTARY CANCELLATION POLICY

To voluntarily cancel your EFT, we require written notice to the Gymnastics Director by the 20th day of the month prior to cancellation. (e.g. to cancel for the month of May, we require written notice by April 20th)

By initialing, I agree to abide by the above policy: \_\_\_\_\_ (int.)

## CLUB RIGHT TO CANCEL

The Shrewsbury Club reserves the right to terminate your registration when one or more of the following circumstances apply: non-payment of balance 90 days overdue, violation of club policies/privileges, or at the discretion of the Owner or General Manager for any reason. Gymnastics Class payments will not be refunded when registration is terminated. If damages to the facility/equipment occur, the participant shall be responsible for incurring any such fees.

Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Bill Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly EFT Payment: \$ \_\_\_\_\_ Member /\$ \_\_\_\_\_ Non-Member

Class: \_\_\_\_\_ Day(s)/Time(s): \_\_\_\_\_

I have read and agree to the above terms:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Club Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Printed Name: \_\_\_\_\_

## METHOD OF PAYMENT

Card on File? \_\_\_\_\_ Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# GYMNASTICS LIABILITY WAIVER



**Student(s) Name:** \_\_\_\_\_

**Does your child have any restriction of activity?** No / Yes, please explain: \_\_\_\_\_

**Does your child have any medical condition(s) that his/her instructor should know about, including allergies?** No / Yes, please explain: \_\_\_\_\_

**Does your child have any bone, joint, or muscle issues that could interfere with his/her coordination, flexibility, strength or balance?** No / Yes, please explain: \_\_\_\_\_

**Is your child on any medication?** No/Yes : \_\_\_\_\_

**Do we have permission to reward your child with candy and/or stickers?** No / Yes

## MEDICAL ATTENTION

I fully understand that the Shrewsbury Club's staff members are NOT physicians or medical practitioners, therefore; I hereby release The Shrewsbury Club and its staff members to provide my child with temporary, basic first aid as needed and to access medical attention in the event of an injury or illness in by absence. \_\_\_\_\_(int.)

## PERMISSION TO TRANSPORT AND TREAT

In the event of an emergency, I give permission to The Shrewsbury Club and its staff members and instructors to transport my child to the nearest treatment facility (UMASS Memorial), via ambulance, if I am not present for such a decision. I also give UMASS Memorial permission to begin treatment, in the event that I am not present or cannot be contacted immediately. \_\_\_\_\_(int.)

## LIABILITY WAIVER

By signing below, I agree that I am familiar with the risks and perils inherent in all activities at The Shrewsbury Club, am aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence of gross negligence or recklessness, hereby release The Shrewsbury Club, its successors and/or assigns, including agents, officers, and employees from all risks associated with my use and/or my children's use of the property. I also agree to hold the same harmless in the absence of gross negligence or recklessness for any and all losses of personal property or damage to personal property, including theft, associated with my use or presence on grounds owned or leased by The Shrewsbury Club, its successors or its assigns. If I am signing below on behalf of a minor that is not my child, I hereby agree to indemnify and forever hold harmless the entity name above by the terms described above for any and all injuries sustained to the minor child while on the premises. I also represent that I have parental permission to engage in such a release and indemnification. The sport of gymnastics like any sport, carries a risk of physical injury, including the risk of catastrophic injury, paralysis, and even death. While safety techniques, equipment, and safety methods are used, I understand that the risk of injury can be reduced, but not eliminated. \_\_\_\_\_(int.)

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, understand that the above "risk" and do hereby give permission for my child to participate in SEGA's gymnastics classes, programs, activities, and/or events in which the following equipment, as well as any other gymnastics related equipment may be used: tumbling mat, uneven bars, trampolines, tumble track, rings, rope, balance beams, vault, vaulting boards, mini track, and other fitness and physical activity equipment. I further agree to refrain from pressing for expenses or compensation from SEGA, or its staff members or instructors on account of any accident or occurrence that may happen to my child in his/her connection to his/her participation. I understand and am fully aware that by signing this document, I agree that The Shrewsbury Club and its staff members and instructors are not to be held liable for any losses or damages occurring as a result of my child's participation in any gymnastics activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name:** \_\_\_\_\_