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## July 31<sup>st</sup> 2017 – July 28<sup>th</sup> 2018 Trial & Enrollment Form

Parent's Name: \_\_\_\_\_ Other Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Student 1: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB \_\_\_\_\_  
Student 2: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB \_\_\_\_\_  
Student 3: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB \_\_\_\_\_

### Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I understand that participation is entirely by my own choice and with the understanding that there is a risk and the possibility of accidental injury, including permanent disability, paralysis, and death in any activity, including unusual motion or height.

I have read and agree. Please initial \_\_\_\_\_

Having been informed of the activities to be conducted by Stick It Gymnastics, I, myself, or the parent or guardian of the participant gives my approval for the above named student's participation in any and all activities of the program. In consideration of my or the student's membership acceptance at Stick It Gymnastics, I hereby forever waive, and forever release and discharge Stick It Gymnastics, their officers, owners, directors, professional consultants, employees, and volunteers from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities. I will be fully financially responsible for any injury incurred at Stick It! Gymnastics.

I have read and agree. Please initial \_\_\_\_\_

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date: \_\_\_\_\_

### Policies

#### CLASS POLICIES

STICK IT Gymnastics membership runs on a monthly (4 classes) tuition schedule. Tuition is due on the 25<sup>th</sup> of the month prior to attendance. All families are required to keep a working credit card on file. Tuition may be paid before the 25<sup>th</sup> by other means (cash, check, or credit card) however, if tuition is not paid before the 25<sup>th</sup>, the credit card on file will be charged for all current charges. If the card on file is declined, the account will be charged a fee of \$25 for all unpaid balances after the 5<sup>th</sup> of the month. No student may go on the floor if the account has a balance.

STICK IT Gymnastics memberships are continuous (year round). Each student is enrolled until a parent or legal guardian gives written notice to drop. To drop, STICK IT Gym requires written notice 30 days in advance of the next tuition date. There are NO refunds for membership or missed classes. All make-ups MUST be done PRIOR to last day of enrollment.

Tuition pays for your child's spot in class, regardless of attendance. Monthly tuition remains consistent. Classes have no cash value once missed. STICK IT Gym offers make-ups to current members for any classes missed and for any days that the gym closes due to inclement weather. This does not apply to Team. Rescheduled classes must be scheduled in advance and may not be transferred to another client or used as credit. There are NO make-ups for Team.

I authorize STICK IT Gymnastics to automatically charge my credit card for any balance due. My credit card will be charged on the 25<sup>th</sup> of the month prior to attendance for tuition and current charges and on any date for the past due charges. I agree to contact STICK IT Gymnastics with any concerns, any credit card changes and any credit card expirations at least 7 days before the first of the month to allow time for correction. \_\_\_\_\_ Initial

\_\_\_\_\_  
Parent name (Print) Parent Signature Date