

# Prairie Fire Gymnastics and Athletic Center Liability Waiver

Child 1 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Child 2 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Child 3 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Special medical concerns (circle one):      No      Yes \_\_\_\_\_

## WARNING

Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck.

You assume a risk of serious injury by participating in any program that involves motion or height.

In consideration of being permitted to participate in the Prairie Fire Gymnastics and Athletic Center program for recreational benefits to myself or my child, having been forewarned of the danger to myself or my child, I hereby waive and release any and all claims for damages I may have against Prairie Fire Gymnastics and Athletic Center, the individual members thereof, and all the owners, agents, and employees, free and harmless from any loss, damage, liability injury, negligence, cost of expenses that may be suffered by me or my child while participating with or practicing for the activities of the program.

I understand that persons 18 years of age and older are not covered by any insurance held by Prairie Fire Gymnastics and Athletic Center. I agree to be completely financially responsible for all medical expenses arising out of my participation or observation in any program offered by PFG. As a consideration of my participation in Prairie Fire Gymnastics and Athletic Center programs I agree to carry adequate medical insurance.

I agree that I will abide by all rules, regulations, and conditions as prescribed by Prairie Fire Gymnastics and Athletic Center.

## AGREEMENT

I give my consent to let my child(ren) be photographed for use by Prairie Fire Gymnastics and Athletic Center in newspapers or other media.

I give my consent in emergency situations for the person(s) in authority to seek the nearest medical care for my child(ren).

I understand that Prairie Fire Gymnastics and Athletic Center will not be responsible for my child(ren) before or after their instruction time. I will make sure my child(ren) is picked up promptly after class.

I have received a copy of the Prairie Fire Gymnastics and Athletic Center policies and agree to follow the general rules listed in them.

## PAYMENT POLICIES

Payments are due the first of the month (not the first class). We do not send out bills. If a bill must be sent out, a late charge will be applied. ANY ACCOUNT NOT PAID BY THE FIRST OF THE MONTH WILL BE ASSESSED A LATE CHARGE OF \$10.00.

If your child no longer wishes to take class, you must give a two week written notice to the office. If we are not notified, you will be required to pay for that month. Please do not tell your child's teacher and assume they will tell the office. If you do not wish to continue class, write a note and leave it in the payment box, in the office, or in the mail.

Refunds are not given.

If you would like to pay for your child's class by the semester instead of per month, a 5% discount is offered.

## MEMBERSHIP FEE

An annual membership fee of \$28 per participant is mandatory for each child participating in our programs. Membership fees are due in August of each year. If a child registers after August, the annual membership fee will be prorated accordingly. Families with three or more children will have a discounted membership fee for the third and subsequent child(ren).

*I HAVE READ THE WARNINGS, PAYMENT AND DISCONTINUING POLICIES. I UNDERSTAND AND AGREE TO ABIDE BY THEM.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent or Guardian Signature

**REGISTRATION INFORMATION**

**Class(es) registering for:** \_\_\_\_\_ **Day/Time:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_

**Mother's Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_

**Father's Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Which address would you like correspondence sent to?** \_\_\_\_\_

**Alternate Payor Information** (please complete only if someone other than the parent/guardian listed above will be paying student's tuition):

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**List 2 additional people to be contacted if you cannot be reached in an emergency situation:**

**Emergency Contact 1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How did you hear about us?** Friend \_\_\_\_\_ Direct Mail

Newspaper Ad Radio Ad Yellow Pages Flyer

**FOR OFFICE USE ONLY**

PAYMENT BY SESSION/SEMESTER AMOUNT PAID: \_\_\_\_\_

CLASS REGISTERED FOR: \_\_\_\_\_