**BULL CITY GYMNASTICS**

**5017 Neal Rd • Durham, NC • 27705 • (919) 383-3600**

**2018 Summer Flex and Fun Registration Form (June 4, 2018 – July 28, 2018)**

**STUDENT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ /\_\_\_\_ /\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (1) SEX AGE DATE OF BIRTH GYMNASTICS GOALS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ATTENDING GYMNASTICS CLASS NAME MEDICAL CONDITIONS (IF ANY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ /\_\_\_\_ /\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (2) SEX AGE DATE OF BIRTH GYMNASTICS GOALS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ATTENDING GYMNASTICS CLASS NAME MEDICAL CONDITIONS (IF ANY)

**[ ] Please check here if you are a returning member & the information in the box below has not changed. You may skip to the Waiver.**

**PARENT/RESPONSIBLE PARTY INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY ZIP HOW YOU HEARD ABOUT US

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Mail Phone

EMAIL ADDRESS Preferred Means of Communication

**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE**

**Please read before signing below**

 As legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, and climbing rope.

 In consideration for allowing my child to use these facilities, I hereby forever release SRM Gym Inc., dba Bull City Gymnastics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Bull City Gymnastics, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

 I acknowledge that gymnastics is a strenuous, physical sport, and I certify that my child is in good health and physical condition and is fully able to participate in the programs of Bull City Gymnastics, and will maintain that physical condition so long as he/she participates in the programs.

 Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child’s guardian(s) are not available, I hereby grant any administrative director, staff person, agent or employee of Bull City Gymnastics the authority to obtain the emergency medical attention they deem necessary. As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Bull City Gymnastics. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

 I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Bull City Gymnastics. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk, Waiver of Liability and Medical Release as stated above.

Parent or Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bull City Gymnastics**

**Summer Flex & Fun Policies and Procedures 2018**

**Registration:** A non-refundable membership fee of $15 is required for each new student during Summer Flex and Fun classes. The membership is valid until July 28, 2018.

**Payment of Fees:**  Tuition is due in full at the time of registration. Additional classes may be added at a later date.

**Missed Classes and Make-ups:** As a courtesy to our customers, make-up classes may be taken for missed classes. Make-ups must be scheduled with the office to ensure space for your child. *Make-ups are limited to 2 per term and must be within the Summer Flex & Fun term.* Account credit may be issued for missed classes due to extended illness or injury. Please inform the office immediately should this occur.

**Refunds:** No refunds will be given for missed classes. If a student is unable to attend their Summer Flex classes, make-ups will be offered to account for the difference. Bull City Gymnastics reserves the right to terminate lessons to any student without notice. In such a case, a refund for unused lessons will be given.

**Returned Checks:** A fee of $25.00 will be charged for any checks returned by the bank for any reason. This fee applies to electronic and paper checks, and electronic credit/debit payments.

**Extreme Weather, Substitutions or Unexpected Interruption of Classes:** If the school must cancel classes due to extreme weather or events beyond our control, the student will be entitled to make up that class at a later date. Make-ups must be scheduled with the office to ensure space for your child. No refunds for lessons missed due to these reasons will be given. The school reserves the right to provide a substitute teacher if the regularly scheduled teacher is ill or otherwise unable to teach classes. If feasible, the school may also combine two classes for that lesson.

**Dress Code:** Appropriate gym wear must be worn to all classes. A leotard for girls is preferred, but shorts and a t-shirt are acceptable. For male gymnasts, shorts and a t-shirt should be worn. Students are not permitted to wear jeans or jewelry, and long hair must be tied back for all classes.

**Parents’ Responsibility to be Aware of Dates and Events:** It is the responsibility of the parent or adult student to be aware of all school activities and dates the school is open or closed. There will be no classes held Monday, July 3 - Saturday July 8, 2017. The school will post all such notices at the school, on the school website, and send appropriate notices home with the students. It is the responsibility of the parents or adult students to inform the school of any e-mail, address or telephone number changes.

**Care of Students:** The school is not responsible for providing before or after class care for students. Students are not to be left at the school for excessive time before or after class. BCG reserves the right to charge $1/minute to students who are not picked up within 10 minutes after the end of their class. Siblings of students must be supervised by the parent/guardian at all times while in the building and are not allowed in the gymnastics area or on any equipment.

**Injuries:** Parents, legal guardians of minor students, and adult students waive the right to any legal action for any injury sustained on school property resulting from normal gymnastics activity or any other activity conducted by the students before, during, or after class time. School waiver must be completely filled out prior to the start of classes.

**Photo Release:** BCG is hereby granted permission to take photographs of the students to use in brochures, websites, posters, advertisements, and other promotional materials. Permission is hereby granted for the school to copyright such photographs in its name.

**Gym Rules:** Only registered students are permitted to enter the gymnastics area. All parents, guardians, and siblings must use the bathrooms located in the lobby area. Gym bathrooms are for registered students only. Parents of young children may meet their children at the base of the staircase and escort them to the lobby bathrooms.

**I have read and understand the above policies and procedures and agree to abide by them.**

**I understand that this agreement will stand until July 28, 2018.**

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

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Flex & Fun Payment Agreement**

**5017 Neal Rd • Durham NC • 27705 • (919) 383-3600**

***Family Information***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (1) Class Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (2) (Receives Prorated Discount) Class Name

Summer Flex & Fun Term

June 4 – July 28, 2018

No classes will be held on July 4, 2018.

 Membership Fee ($15 per student) Due: \_\_\_\_\_\_\_\_

Membership privileges effective through July 28, 2018

 Summer Flex Class Tuition: \_\_\_\_\_\_\_\_

 **Total Tuition Due:** \_\_\_\_\_\_\_\_

 Paid: \_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***Class Name*** | ***Tuition per*** ***Summer Term***  |
| Parent and Tot | $124.00 |
| Preschool | $144.00 |
| Kindergarten | $156.00 |
| Super Boys (Beginner) | $156.00 |
| Elite Boys (Advanced) | $156.00 |
| Tumbling/Advanced Tumbling | $156.00 |
| Rising Stars (Beginner) | $156.00 |
| Shooting Stars (Intermediate) | $156.00 |
| Super Stars (Advanced I) | $156.00 |
| Shining Stars (Advanced II)  | $214.00 |

**Please circle the days on which you will attend class.**

**Summer Flex and Fun Schedule**

*PURCHASE 9 CLASSES, ATTEND THE 10TH FOR FREE!*

 **Class Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the days on which you will attend class.**

 **Week of: Classes Attending:**

|  |  |
| --- | --- |
|  **1:** June 4 – June 9 |  M T W Th F S |
|  **2:** June 11 - June 16 |  M T W Th F S |
|  **3:** June 18 - June 23 |  M T W Th F S |
|  **4:** June 25 – June 30 |  M T W Th F S |
|  **5**: July 2 – July 7 | M T Th F S |
|  **6:** July 9 – July 14 |  M T W Th F S |
|  **7:** July 16 – July 21 |  M T W Th F S |
|  **8:** July 23– July 28 |  M T W Th F S |