

Registration Form

Child's Name _____ Phone _____

M _____ F _____ Age _____ Birthday _____

Address _____ City _____ Zip _____

Billing Name _____

Billing Address _____ City _____ Zip _____

Mother's Name _____ Work /Cell Number _____

Father's Name _____ Work/Cell Number _____

How did you hear about us? _____

Office use only Class Code _____

I understand that there is a \$35.00 registration fee once a year, unless I quit and re-register at that time there would be another \$35.00 fee. The first month's tuition is due in full at registration.

I understand that I am to pay my child's tuition in full on the 1st of the month. If I fail to pay by the 10th I will be charged a \$10.00 late fee. After the 25th, the student may be dropped from the class and placed on a waiting list. I understand that if I mail my tuition, it must be postmarked by 5th to eliminate any possibility for it being received any later than the 10th.

I understand that all fees are NON-REFUNDABLE. I understand that if my child drops a class that I must notify the office through a note to the office. I understand that payment for all classes will be my responsibility until the arrival of such notification.

I also understand that some months have an extra class included in that month and I am not charged for that class. Therefore, during the year I receive a number of "free classes." These are considered make-up classes for national holidays. Therefore, on short months, I will pay full payment

Signature _____ Date _____

I grant to Acrotex the right to take Photographs/video of my child. I agree that Acrotex may use such photographs or videos for any lawful purpose, including such purpose as publicity, illustration, advertising and web content.

Signature _____ Date _____

Waiver and Release Form

By reading and signing this form, you are agreeing and aware that you are engaging in activities with Athletic Systems, Inc, dba AcroTex Gymnastics that includes but are not limited to physical exercise and use of exercise equipment, club facilities, training and instruction. These activities could cause injury to you or others. You are voluntarily participating in these activities and assume all risks of injury and liability that might result. You agree to waive any claims or rights you might otherwise have to pursue Legal or other actions against Athletic Systems Inc., dba AcroTex, the facility's owners, officers, employees, or agents for any reason. You have carefully read this waiver and declare you are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program.

Child's Name _____

Parents or Guardian Signature _____

Date and Phone number _____