

Paradise



G * Y * M * N * A * S * T * I * C * S

...the fun place to keep fit!

Enrollment / Waiver Form 2020-2021

SIGN UP ANYTIME! Enrollment form valid September 2020 - May 2021

Child #1 _____ Child #2 _____

Street _____ Town _____ Zip _____

Cell Phone #1 (_____) _____ - _____ Cell Phone #2 (_____) _____ - _____

DOB #1 ____/____/____ Age _____ DOB #2 ____/____/____ Age _____

Email _____

It is the Responsibility of the Parent/Guardian to alert us of any Allergies, Health, Medical, or Bathroom concerns you may have. Parents are required to be sure that children have used the bathroom prior to each class/event. Should any child have a bathroom accident during class/event, it is the sole responsibility of the parent to compensate gym if equipment is damaged.

Please list: _____

Class Day(s) / Time(s) _____ / _____ Makeup Class from 2020? Y/N _____

Total Price Paid \$ _____ Cash or Check # _____

******ALL Parents MUST sign the Credit Card Authorization Form Attached******

Enrollment fee is due with 1st payment. \$40/child or \$50/family

Mini Member Enrollment fee is required for Private Lessons, Tumbling Clinics & Kids Night. \$20

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")
In consideration of participating in the PARADISE GYMNASTICS I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue PARADISE GYMNASTICS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. PARENTAL CONSENT AND 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 Releasees 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 Releasees 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 Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in Paradise activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote Paradise programs, and/or recognition of participants.

Printed Name of Parent or Legal Guardian _____ Signature of Parent or Legal Guardian _____ Date _____

Paradise Gymnastics 10 Merchants Dr. Walpole (508) 668-9688 www.ParadiseGymnastics.com info@ParadiseGymnastics.com



Paradise GYMNASTICS

Credit Card Form REQUIRED for all Gymnastics programs 2020-2021

Credit card will only be charged if we do not receive payment by cash or check on the payment due dates for pay periods #1-5. Payments due on the 1st of each month September - January.
By using the credit card, there is a 3% service charge. If credit card does not go through or payment is not received by the 2nd of the month, a \$20 late fee is applied to each payment. If your gymnast is not continuing, a written notice is required 15 days prior to due date.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CSV _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize Paradise Gymnastics to charge my credit card above for agreed upon Tuition and Meets scheduled payments 1-day following the scheduled payment due date, should I not pay by cash/check prior or on the scheduled dates listed. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

** Please keep your information current by letting us know if your credit card information should change, **