



SPORTS ACRO • GYMNASTICS • TUMBLING

360-461-6974 • WWW.SEQUIMACROBATICS.COM

Registration and Informed Consent Form

Childs name _____

Childs DOB _____ M / F

Address _____

Parent/Guardian _____

Home number _____ Cell number _____

email _____

Parent/Guardian _____

Home number _____ Cell number _____

email _____

Emergency Contacts:

Name and Relationship to child _____

Phone number _____

Name and Relationship to child _____

Phone number _____

Family Physician _____

Phone number _____

Pre-Existing Conditions (allergies or chronic illness) _____

Other comments _____

I hereby give my permission for _____

To participate in Sequim Acrobatics beginning this Date _____

Further, I authorize owners and or staff of Sequim Acrobatics to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted if I can not be reached and a reasonable effort has been made to do so.

Parent/Guardian _____ Date _____

My child and I are aware that participation in Sequim Acrobatics is a potentially hazardous activity. I assume all risk associated with participation in this activity or sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with this sport or activity. All such risk to my child are known and understood by me. _____

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent/Guardian Signature _____ Date _____

Photo Release:

I give my permission for my child to be photographed by Sequim Acrobatics during classes and events for the purpose of advertising and promotion. I waive the right to approve the photos and understand that there will be no compensation for the use of these photos.

Parent/guardian signature _____ Date _____

Observation Policy:

Sequim Acrobatics encourages families to quietly and respectfully observe their child/siblings in class. I understand and agree not to talk, interrupt, or distract my child or other participants while observing class. Sequim Acrobatics reserves the right to ask any spectator/observer to leave.

Parent/guardian signature _____ Date _____

Drop off and Pick up Policy:

I understand that Sequim Acrobatics offers No supervision for my child before or after his or her class. I will stay with my child until his or her class begins and if I leave, I will return before class is over to pick up my child.

Parent/guardian signature _____ Date _____

Tuition and Payment:

Tuition rates are amortized over the 10 month school year (September-June). Tuition rates are the same regardless of weeks, days, or classes in a month. Your child will be automatically enrolled each month. All PreTeam and Team members are required to give a 30 day written (email) notification to Sequim Acrobatics that he or she will not be returning. A \$ 10.00 dollar late fee will be charged per child to all accounts not paid by the 1st of each month. Class sizes are limited and your child's space will not be guaranteed if tuition goes unpaid.

I have read tuition and payment policy and agree to the terms.

Parent/guardian signature _____ Date _____