



REGISTRATION FORM

Date: _____

Registering for (which class): _____

How did you hear about us? (circle) word of mouth, referral, TV, newspaper, yellow pages, event, brochure, internet, other _____

FAMILY INFORMATION:

Family (Last) Name: _____

Contact #1 First Name: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Email: _____

Contact #2 First Name: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Info (Other than Parents):

Name: _____

Phone Number: _____

Health Insurance Carrier:

Company: _____

Group #: _____

STUDENT #1 INFORMATION:

Student's First Name: _____

Student Gender: M / F

Birth Date: _____ (mm/dd/yy)

Student Email: _____

School: _____ Grade: _____

Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Date of Last Physical: _____

STUDENT #2 INFORMATION:

Student's First Name: _____

Student Gender: M / F

Birth Date: _____ (mm/dd/yy)

Student Email: _____

School: _____ Grade: _____

Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Date of Last Physical: _____



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STUDENT #3 INFORMATION:

Student's First Name: _____

Student Gender: **M / F**

Birth Date: _____ (mm/dd/yy)

Student Email: _____

School: _____ Grade: _____

Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Date of Last Physical: _____

STUDENT #4 INFORMATION:

Student's First Name: _____

Student Gender: **M / F**

Birth Date: _____ (mm/dd/yy)

Student Email: _____

School: _____ Grade: _____

Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Date of Last Physical: _____

For Office Use Only:

Entered By: _____ Date: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Registration Fee Pd: _____ Tuition Fee Pd: _____ Check/Rct #: _____



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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the gymnastics program I represent that I understand the nature of the 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 “releases” 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 KPAC, LLC, and all of its affiliates, 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 on 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.

Printed Name of Participant

Date

Signature of Participant

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.

Printed Name of Parent/or Legal Guardian

Date

Signature of Parent/or Legal Guardian



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KPAC AND ALL OF ITS AFFILIATES RELEASE FORM

Athlete Membership Agreement and Information:

Fill in all blanks, submit forms for current season only, bearing original signature (copies/faxes are not accepted).

AGREEMENT:

In consideration of my membership in KPAC and all of its affiliates and my participation in the programs offered by KPAC and all of its affiliates, events, and activities for which I agree to be bound by the following:

1. Eligibility: I agree to comply with the rules of KPAC and all of its affiliates: readiness to Participate: I will only participate in those KPAC and all of its affiliates classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have to practice my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury.
2. Medical Attention: I hereby give my consent to KPAC and all of its affiliates and/or the host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death; as well as other damages and losses associated participation in gymnastics, tumbling, cheerleading, weight lifting, cardio training, dance, martial arts, activities and events.

I further agree that KPAC and all of its affiliates and the sponsor of any KPAC and all of its affiliates events, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

4. I also know that I am responsible for a monthly tuition to be paid on the first class of each month. This fee is based on a total seasonal fee that is made into monthly installments, not on a per class basis. I agree to automatically include a \$15 late fee for any payments made after the 10th of each month and a \$30 late fee for any payments made after the 30th of the month. I also realize that there is a \$25 fee for returned checks.

MISSED CLASSES: I understand that due to the full enrollment of each class, an unlimited number of make up classes in any class spot is not possible. One makeup class per month is permitted. We do not allow students to "jump in" to classes for make ups. This is to insure we maintain the proper ratios. Please see the office to sign up for make ups. There will be no refund for missed classes.

MISSED PAYMENTS: I understand that any tuition not paid with the month will result in the dropping of my child from the class. Rescheduling for a new class time slot or possibly entering a waiting list for an open class time may be required.

FOR ALL ATHLETES UNDER THE AGE OF 18: As legal parent or guardian of this athlete, I verify that I understand and accept each of the above conditions and hereby permit my child to participate in KPAC and all of its affiliates classes, events, competitions, and activities.

PHOTO RELEASE : As part of our activities, pictures and videos are often taken. Signing below gives us your permission to use these on our website and for promotional publications. Photos and/or videos may be used in local media transmissions, KPAC promotional publications, on the KPAC website, or in any other KPAC medium.

_____ (Initial Here) I give my permission to use my child's picture or likeness and first name for KPAC publications and website. I allow my child to be interviewed or photographed by local news media.

Printed Name Parent/Guardian: _____

Signature Parent/Guardian: _____

Date: _____



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POLICIES AND PROCEDURES 2009-2010
(TEAR THIS PAGE OFF AND KEEP FOR YOUR RECORDS)

PAYMENT INFORMATION:

MEMBERSHIP FEES: All new registrants will pay the annual \$50 single membership or \$75 family membership fee. They are nonrefundable and nontransferable.

TUITION: Tuition is due on the first of the month. Invoices are mailed only to PAST DUE accounts. A **\$15 late fee** will be added to your monthly tuition if it is not paid by the 10th of the month, and if paid after the 30th of the month, the late fee increases to \$30. The **ONLY** exception to this is if the 10th of the month falls on a Saturday or Sunday and will then be expected on the Monday following with **NO** penalty. All NSF checks will receive a \$25 fee. If you refer someone to KPAC, you will receive 50% off your next month's tuition, up to a maximum of \$50.

DROP POLICY: There is a 2 week notice required for withdrawal. **Please notify the Front Office, NOT the coach, if you are planning on discontinuing your enrollment.** You will be responsible for any tuition fees charged while we hold your space in a class(es).

GYM CLOSING POLICY: Gym closings due to holidays will be posted on the main calendar in the lobby and are in the calendars provided at the beginning of each term. Gym closings due to weather will follow the Iredell/Statesville school system, but if there should be any doubt, please call the gym and check the outgoing message (704-872-2888). All classes missed due to gym closings will be given a make up opportunity on the second Saturday of the following month (See Make-Up Policy).

MAKE UP POLICY: One makeup class per month is permitted. We do not allow students to "jump in" to classes for make ups. This is to insure we maintain the proper ratios. Please see the office to sign up for make ups. There will be no refund for missed classes.



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KPAC Rules & Policies and General Information

Rules and Policies:

- For the safety of the gymnasts please wear hair up and out of face
- For the safety of the gymnasts no jewelry
- No food or drink in the gym (this includes gum).
- Children will line up in the hallway next to the stairs to wait for the instructor to call the class.
- No parents allowed in gym. There is a viewing area upstairs.
- Please feel free to talk to the coaches about how your child is progressing, but understand the instructor may have a class either directly before or after your child's class.

General Information:

Birthday Parties:

We would love for you to celebrate your child's special day with KPAC. We offer a variety of packages to help you celebrate in style.

Package 1: The basic package: \$150.00

This package offers one hour of supervised and instructed play out in the gym followed by half an hour in the party room. This package includes, gym time, child supervision and clean up help. The package includes 10 children including the birthday child.

Package 2: The all inclusive package: \$250.00

This package includes the basic package plus, invitations, paper products, pizza, juice and cake. This package includes 14 children including the birthday child.

Package 3: The supreme package: \$325.00

This package offers the all inclusive package plus an hour and a half of gym time (rather than one hour) and a half an hour in the party room. This party includes 16 participants including the birthday child.

*additional children are \$10.00 per child

Dates to Remember

The gym will be closed on the following days:

December 21-26th for Christmas

January 1st for New Years Day

Parents Night Out (PNO):

Enjoy a night out without the kids. Once a month we offer a night where you can drop your children off at 6:00pm and pick them up at 10:00pm. The cost is \$10.00 per child.

PNO dates:

December 18th

January 15th

February 12th

March 19th

April 23rd

May 14th

June 4th