

Registration & Liability Release

Sports Instruction

Family name _____

OFFICE USE ONLY

Drop Date Entered (trials only) _____
Membership Fee Posted (class enroll only) _____
Fees Checked and Posted _____
Family Folder w/ Reg. Form Made _____
(class enroll only)

Bring A Friend ___ Private Lesson ___ Class Enrollment ___ Trial Class ___ Skills Test ___
Trial Class Name _____ Trial Date _____ Drop Date _____

How did you find out about us? Web Search ___ Friend/Family Member ___
Facebook ___ Parents Guide ___ Mail Piece ___ School Flyer ___

Annual Registration Fee:

One fee per year (Sept.-May) and is due each
September or at first sign-up.
September-November: Individual -\$35 Family -\$55
December-February: Individual -\$25 Family -\$37
March -May: Individual -\$15 Family -\$19
June-August: Individual -\$0 Family -\$0

PLEASE INITIAL -

30 days to do a makeup class in classes with openings (active students only)

A written notice to the Business Office is required to discontinue a program, otherwise I will be charged for any unattended classes.
(If the notice is given on the day of the class you are still charged for that class.)

Today's Date _____ Child's Start Date: _____

Mothers First Name: _____ Last Name: _____

Phone #: _____ Work #: _____ Text Opt-in (for alerts only): ___ (check for yes)

Employer: _____ Mother's E-mail: _____

Driver's License # _____

Father's First Name: _____ Last Name: _____

Phone #: _____ Work #: _____ Text Opt-in (for alerts only): ___ (check for yes)

Employer: _____ Father's E-mail: _____

Driver's License # _____

Family Address: _____ City: _____ State: ___ Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Other Contact - First Name: _____ Last Name: _____

Relationship to Student: _____

Any allergies or medical information we should know about?

1st Student's Full Name: _____ Male/Female Birthdate: ___/___/___

Class Name: _____ Class Days(s): M T W Th F S Class Time: _____

2nd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

Class Name: _____ Class Days(s): M T W Th F S Class Time: _____

3rd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

Class Name: _____ Class Days(s): M T W Th F S Class Time: _____

--- PLEASE READ AND SIGN LIABILITY AND RELEASE FORM ON THE BACK ---

Liability and Release Form Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or in other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

Transportation Release

I give permission for my child to be transported by Wings Center transportation for childcare gymnastics classes.

Payment Information

There is an annual Membership Fee due at the time of registration. This fee is based on the length of class and the number of family members registered. Tuition is due by the first of each month and is based on flat monthly rates. If you should receive five classes during the month instead of four there will be no extra charge, although it will be considered a makeup for classes missed while Wings Center is closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned.

Tuition is due on the 1st late by the 2nd and If accounts are paid after the 10th of the month there will be a \$25.00 late fee applied to the account balance. If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. Accounts that become 30 days overdue will be considered grounds for collection action. There is a \$20 returned check charge for any checks returned by the bank. I understand that if my check is returned by the bank, or I am late with payments, that Wings Center will require automatic credit or debit card payments from that point forward.

NO DROP-IN SERVICE AVAILABLE. NO CHILD WILL BE ACCEPTED WITHOUT PRIOR REGISTRATION AND AUTHORIZATION. REGISTRATION WILL ONLY BE ACCEPTED AT THE FRONT OFFICE AND IS BASED ON AVAILABILITY. IF YOU BRING YOUR CHILD ON A DAY THAT YOU ARE NOT PRE-REGISTERED FOR, THEY CANNOT BE ACCEPTED.

NO REFUNDS WILL BE GIVEN. A LETTER OF CREDIT WILL BE ISSUED FOR ANY CREDIT AMOUNT ON YOUR ACCOUNT.

***A written notice to the Wings Business Office is required to discontinue a program, otherwise I will be charged for any unattended classes.**

If you are in the recreational program there is a written notice to discontinue, if the notice is given on the day of the class you will still be charged for that class. If you are in the competitive team program there is a thirty (30) day written notice to discontinue.

By signing below I am acknowledging that I have read and understand the above information.

Parent/Guardian Signature _____ **Date** _____

Participant Signature (if over 18 years of age) _____ **Date** _____

Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)

I hereby authorize Wings, Inc., dba Wings Center, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at the Wings Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at the Wings Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a written notice to Wings Center Business Office of any intent to discontinue. If you are in the recreational program there is a written notice to discontinue, if the notice is given on the day of the class you will still be charged for that class. If you are in the competitive team program there is a thirty (30) day written notice to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft or the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: VISA MC DISCOVER AMEX Auto Pay on the 1st? _____ Auto Pay on the 15th? _____

Card #: _____ Exp. ____/____ Zip Code that matches with the credit card: _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____