North Shore Gymnastics / Samurai Fall/Winter/Spring/Summer Gymnastics & Open Gym 2017-2018

Emergency Number Allergies or Medical Conditions:

_____City_____Zip Code_____

New member: Yes_____No____

Class Level/Day & Time

M T W TH F S@

Code

Payment Options

Full Deposit 2-Pay

Parent's Name_____

Child's Last Name_____

Home Phone ______Cell Phone

Age

Fall Session: Wednesday, September 6, 2017 - Saturday, December 2, 2017

M.I. Date of Birth

Address

Email Address

Child's First Name

/inter Session: Mondo	ay, Dece	ember 4, 2017 –	Saturd			
Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	Code	Payment Options
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						Full Deposit 2-Pay
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oring Session: Monda Child's First Name	M.I.	ch 12, 2018 – Sat Date of Birth	Age	June 9, 2018 Class Level/Day & Time	Code	Payment Options
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ummer Session: Mone Child's First Name	day, Jur	ne 18, 2018 – Frid Date of Birth	day, Au	Class Level/Day & Time	Code	· ·
					Code	2-Pay Due: April 23, 201 Number of Weeks
ummer Session: Mono Child's First Name				Class Level/Day & Time	Code	2-Pay Due: April 23, 201 Number of Weeks 6 7 8 10
				Class Level/Day & Time	Code	2-Pay Due: April 23, 201 Number of Weeks 6 7 8 10 6 7 8 10



Registration Procedures

- 1. Find class suitable for your child/ren. Fill out registration form completely.
- 2. Pay either the full session fee, 1st payment of the 2-pay plan (plus \$5.00 service fee) or a deposit of \$50.00 per child to hold a spot in class, with the balance due the 1st day of class. Payment schedules are detailed on the front of the registration form.

THERE IS A \$10.00 LATE FEE AUTOMATICALLY ADDED TO EACH PAYMENT AFTER THE FIRST WEEK OF CLASS.

An additional \$5.00 is added for each week that payment is overdue after the first week.

- 3. Family Discount: Families with more than one child enrolled may deduct 15% from their session fee, for each additional child (Based on the most expensive class at 100%. Must be during the same session). One child attending multiple classes during the same session may also deduct 15% from their tuition based on the most expensive class at 100%.
- 4. Make checks payable to North Shore Academy of Gymnastics (NSAG) and mail to:
 - North Shore Academy of Gymnastics W59 N270 Cardinal Ave. Cedarburg, WI 53012
- 5. We also accept Visa or MasterCard. **PHONE IN CREDIT CARD IS ALSO ACCEPTED**. If you decide to drop a class anytime before the start of a session, and you paid by credit card, there will be a 5% (of your total charged) fee required for the processing of the credit card transaction.

 There is a \$40.00 NSF fee for all returned checks.
- 6. REGISTRATION WITH PROPER PAYMENTS WILL RECEIVE CLASS PLACEMENT PRIORITY.
- 7. **We will contact you only if the class you have chosen is full, or has been canceled.** 4 students must be registered to hold a class. At the start of the 2nd week of a session, we will ask students to select an alternate class time if there are not enough students to hold the class.

We consider your enrollment to be a commitment to our instructional staff, thus you are obligated for the entire session fee.

Refund & Make Up Policy - Make up classes will be limited to 2 classes per session and must be made up within that session.

Stop at the front desk, to fill out a make-up slip to present to the teacher of the make-up class.

After the 1st week of classes, there are no refunds. (Credit may be arranged for future purchases at North Shore).

Athlete/Parent Waiver Release Form

In consideration of participation in Gymnastics/Samurai, 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 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. 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 North Shore Academy of Gymnastics/Samurai, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of the 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 in whole or in part by the negligence of the "releases" 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I hereby give my consent to North Shore Academy of Gymnastics/Samurai and/or the staff of North Shore Academy of Gymnastics/Samurai to secure any medical treatment my child(ren) may need. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child(ren)'s protection and my own protection.

Any and all Samurai skills will be conducted in a safe gymnastics environment and will hold North Shore Academy of Gymnastics/Samurai harmless of any injuries incurred in and outside the gym areas.

I have read the Release and Waiver of Liability, Assumption of Risk, and the 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.

Parent/Gaurdian Signature:	Date
My primary health/medical/accident insurance company is:	