

North Shore Gymnastics / Samurai Warrior

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

Child's Last Name _____ Parent's Name _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Email Address _____ New member: Yes _____ No _____
 Emergency Number _____ Allergies or Medical Conditions: _____

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

Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	Code	Payment Options
				M T W TH F S@		Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay

2-Pay Due: Oct. 6, 2016

Winter Session: Monday, December 4, 2017 – Saturday, March 10, 2018

Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	Code	Payment Options
				M T W TH F S@		Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay

2-Pay Due: Jan.16, 2017

Spring Session: Monday, March 12, 2018 – Saturday, June 9, 2018

Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	Code	Payment Options
				M T W TH F S@		Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay
						Full Deposit 2-Pay

2-Pay Due: April 10, 2017

Summer Session: Monday, June 18, 2018 – Friday, August 24, 2018

Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	Code	Number of Weeks
				M T W TH F S@		6 7 8 10
						6 7 8 10
						6 7 8 10
						6 7 8 10

*I have read the **REGISTRATION PROCEDURES** and understand that I am obligated for the full amount of the class fees and any service charges or late fees that may be assessed. I have read and signed the **WAIVER/RELEASE FORM**. My signature will be valid for the Fall, Winter, Spring, Summer Sessions, and Open Gym 2017-2018.*

Signature: _____ Date: _____



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 Warrior, 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 Warrior, 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 Warrior and/or the staff of North Shore Academy of Gymnastics/Samurai Warrior 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 Warrior skills will be conducted in a safe gym environment and will hold North Shore Academy of Gymnastics/Samurai Warrior 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: _____