



Sarasota Gymnastics Academy

SGA Registration Form

Participant's Name _____ Birthdate _____ Age _____

Address _____ City/State _____ Zip _____

E-mail Address: _____ Primary phone # _____

Please ensure you have clearly written your e-mail address on this form. Thank you!

Mother/Guardian Name _____ Phone # _____

Father/Guardian Name _____ Phone # _____

Physical or mental limitations of participant (if any) _____

Emergency Contact: Name _____ Phone # _____

Costs: Annual registration fee \$40.00 is due the month of initial signup and every year gymnast attends. Tuition fee is due the beginning of every month. Rate is subject to membership type/hours attended each week. Monthly tuition is due in full if gymnast attends a day within that month. It is the participant/parent/guardian's responsibility to notify Sarasota Gymnastics Academy (SGA) if participant wishes discontinue their membership. Cost of attendance is the same for four and five week months. In turn, holidays are not discounted. Sarasota Gymnastics Academy (SGA) may offer makeup classes at coaches' discretion, but no discounts are offered for holidays. In addition, if classes are cancelled due to competitions/special events, the SGA is not obligated to offer makeup classes or discounts due to the cancelled classes.

RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: In consideration for being permitted to utilize the facilities, services, and programs of Sarasota Gymnastics Academy, from here on referred to as the SGA, for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the SGA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SGA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE SGA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE SGA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the SGA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the SGA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the SGA premises or in any way observing or using any facilities or equipment of the SGA or participating in any program affiliated with the SGA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the SGA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SGA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____



Sarasota Gymnastics Academy: Monthly Membership Agreement

Member Name: _____ Parent/Guardian Name: _____

Address _____

E-mail Address _____ Phone _____

• Memberships with the Sarasota Gymnastics Academy (S.G.A.) are paid by the 6th day of the month. Open Gym dues are paid in advance of each session (\$10 – member; \$12 – non-member).

Rate is subject to membership type (mommy & me, beginner, intermediate, selective, pre-team, etc.) and hours attended each week.

• Recreational 1 hour per week (\$70), Recreational 2 hour per week (\$130), Mommy & Me (\$60), Pre-Team (\$155), Team: [Level 1 - \$160, Level 2 - \$160, Excel - \$160, Level 3 - \$216, Level 4 - \$252, optional 56 hours per month - \$264, optional 64 hours per month - \$288, optional 80 hours per month - \$320].

• Right to Modify Dues: Membership rates are subject to change – you will be notified via e-mail if this happens. **Please ensure you have clearly written your e-mail address on this form.** If you do not provide the S.G.A. with your email address, you agree to miss important notifications regarding changes/updates to the program/schedule/rates.

• Monthly tuition is due in full if member attends the S.G.A. a single day within that month. If member will not be present that month they MUST NOTIFY THE S.G.A. (call 941-377-3344 or e-mail sarasotagym@gmail.com).

• Cost of attendance is the same for four and five-week months. In turn, holidays are NOT discounted. The S.G.A. may offer makeup classes at coaches' discretion, but no discounts or make-ups are offered for holidays. • New memberships are prorated for the first month. Regular monthly dues apply thereafter with payments made by the 6th day of each month. Monthly tuition will NOT be prorated due to absenteeism. Make-up classes are offered only if available for the specific membership.

• The S.G.A. does not offer monthly automatic electronic payments service. We accept credit/debit (3% up-charge), check, or cash. If you cannot make it to the S.G.A. to drop off payment, you may call and make a payment over the phone or you may mail in a check/cash (1155A Cattlemen Rd, Sarasota FL, 34232). If you wish to make automatic payments to us, the only way to do this is to setup automatic recurring payments through your bank.

• Member may not fail to make a payment for the month due to being absent the entire month. When member returns, the previous months that were not paid will still be due UNLESS member had previously contacted the S.G.A and had the S.G.A. freeze their account for those months.

• Annual registration fee of \$40.00 is due the month of initial sign up and every year member attends. • A \$15.00 late payment fee will be due for payments received after the first week of the month. A declined credit/debit card and returned check will result in \$25.00 fee.

• The S.G.A. keeps record of membership type and tuition rate. The S.G.A. has the right to bill member for their monthly dues. If member progresses to higher level, membership rates may increase, resulting in a higher bill. Membership changes will be discussed with member's parent/guardian before any such changes can be applied. • A member may cancel their membership at any time; however, the member MUST GIVE NOTICE to the S.G.A. by phone, e-mail, or in person.

• If member attends the S.G.A., they must pay their tuition. If tuition is not paid for the months that the member attended, the S.G.A. has the right to act to collect the debt owed, including but not limited to contacting member via phone, mail, e-mail. The S.G.A. has the right to take legal action to pursue payment of debt that is owed by member.

• *Parent/Guardian has read, and fully agrees to the term of this Agreement and understands and agrees that by signing this agreement, Parent/Guardian has given up considerable future legal rights for themselves and for their participant/dependent/member. Parent/Guardian has signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to him/her. If any portion of this agreement is deemed illegal, void or unenforceable, then the remaining agreement shall remain in effect.*

Parent/Guardian Signature _____ Date _____

How did you hear about us? _____

What are your preferred days to bring your child to our gym _____

What is your preferred time to attend S.G.A.? _____

How much gymnastics experience does your child have (beginner, advance, previously competed, etc) ? _____

Is your child interested in recreational gymnastics classes or do they express interest in becoming competitive? _____

Who does the primary e-mail address belong to _____
Please ensure e-mail address is written on the form, this is our primary way to contact you.

For office use only -----

Membership type: _____

Membership tuition \$ _____

Days scheduled: Mon [] Tue [] Wed [] Thu [] Fri [] Sat []

Time Scheduled: _____

Paid registration fee (\$40): Yes [] No []

Paid Membership: \$ _____ Owes \$ _____

Is paid amount prorated? Yes [] No []

If yes, please list days attended for this prorate _____

Additional notes _____

Staff Initials _____