

2020-2021 New Vision Training Center Supplemental Learning Program Registration and Health Form

Students Name _____ Gender _____ DOB _____ Age _____

Responsible Party, Parents or Guardian:

Father _____ Mother _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Father's Cell _____ Mother's Cell _____

Emergency (other than parent) Name _____ # _____

E-mail Address (print neatly) _____

Days Attending SLP Each Week: (please circle) **Mon** **Tues** **Wed** **Thurs** **Fri**

Days Needing After-School Care: (please circle) **Mon** **Tues** **Wed** **Thurs** **Fri**

MEDIA RELEASE

Initial

New Vision Training Center may take pictures and/or video during class. These pictures and/or video will be used for media/advertising purposes only. If you would like to opt out of the Media Release please fill out and return the form located at the front desk.

PAYMENT SCHEDULE AGREEMENT

Initial

I understand that tuition for the Supplemental Learning Program is monthly and will be drafted from the card information I have placed on file with NVTC on the first of each month, unless I pay another way before that deadline. I further agree to keep valid card information on file with NVTC and notify them of any changes or updates to that information.

MEMBERSHIP/TUITION AGREEMENT

Initial

I understand that no credits or refunds are available for this program. Only in the case of a Force Majeure event, such as a forced shut down, can monetary credit then be applied. Tuition pricing is based on the full school year calendar; holidays or other missed days are not prorated, except for August and December, which will be prorated according to the Macon County Schools start date and Christmas holiday. I further understand that I must give a 30-day notice to the office in writing in order to leave the program before the end of the school year. I agree to pay all tuition due for that 30-day period or any outstanding balance.

CLUB WAIVER AND RELEASE

We the staff of New Vision Gymnastics II Inc recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, ninja training, parkour, bouldering, tumbling, cheerleading, and swimming. While safety is our number one priority, students may suffer injury, possibly minor, serious or catastrophic in nature. It must be recognized that any sport involving height and motion can lead to injury. There is inherently an increased risk of illness when children are together. Contractible illnesses are not completely avoidable.

New Vision Gymnastics II Inc, its coaches and its staff members are not liable for injuries or illnesses sustained by students or spectators during the course of any of its programs, or on any of the NVTC premises. With this in mind, and being fully aware of the risks and possibility of injury or illness involved, I consent to have my child participate in the programs offered by New Vision Gymnastics II Inc. I, my executors or other representatives, waive and release all claims that my child or I may have against New Vision Gymnastics II Inc. and its representatives, whether paid or volunteer. I, being the parent or legal guardian of the above child, have read and understand the above waiver and give my permission of emergency medical treatment to be provided for my child should I not be available.

Parent/Guardian Signature _____

Date _____

Does your child have any medical issues that we should be aware of such as asthma?

Please list or write on back of this form _____

Do you have Health Insurance? _____ Medicaid _____

As Parent or Guardian or Grandparent I acknowledge that gymnastics is a strenuous physical sport and I certify that my child is in good health and physical condition and is fully able to participate in the program at New Vision Gymnastics II Inc. I further understand that I am financially responsible for all medical treatment.

Parent/Guardian Signature _____

Date _____

For Office Use Only

Days Enrolled _____ Membership Fee _____ Tuition _____

Total Amount Due _____ Total Paid _____ Balance _____