



# WOGA Registration Form

Please complete this form and return along with your annual registration fee of \$35.00 per child.

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Father Name: \_\_\_\_\_ Occup. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother Name: \_\_\_\_\_ Occup. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: (We will send info about tuition reminders, closing info, camp info, etc.) \_\_\_\_\_

Emergency Contact Other Than Yourself: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_ Dr. Office City \_\_\_\_\_

Medical Conditions, if any: \_\_\_\_\_

How did you hear about WOGA? Internet/Drive By/Phone Book/Referred By \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the WOGA GYMNASTICS ACADEMY 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 event 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 "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and 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 WOGA GYMNASTICS ACADEMY, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of 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 or alleged to be caused in whole or in part by the negligence of the " releasees", 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 releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the REALEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND 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.

Printed Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

### PARENTAL CONSENT

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ABOVE REFERENCED ACTIVITIES AND THE Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASEE may incur as the result of any such claim.

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/or Legal Guardian \_\_\_\_\_

## WOGA TERMS AND CONDITIONS

● **TUITION** is paid monthly and is due on the **FIRST DAY OF EACH MONTH**. A \$10.00 late fee will be added, if the tuition is not received by the 10<sup>th</sup>. **NO EXCEPTIONS. If tuition is not paid by the 15<sup>th</sup> your child/children will be dropped from his/her class until your account is current.** Tuition can be paid at the front desk, by mail, or by phone. We accept cash, checks (made payable to WOGA), as well as MC, VISA and AMEX. WOGA also offers an automatic tuition payment plan. Any **unpaid balances including tuition, late fees and/or other unpaid charges not paid by the 15<sup>th</sup> of the month will be charged to the credit card below.**

\_\_\_\_\_ I **accept** enrollment in WOGA's Autopay Program and understand my credit card will be billed for tuition and other outstanding charges on the 1st business day of each month.

\_\_\_\_\_ I understand this Autopay deduction will remain in effect until I have provided WOGA with a written Drop Notice. This drop notice must be received prior to the first of the month I intend on dropping.

\_\_\_\_\_ I **decline** enrollment in WOGA's Autopay Program and understand my credit card will be used for payment of outstanding tuition and other charges which have not been paid by the 15<sup>th</sup> of the current month.

Card: VISA MC AMEX DEBIT Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Begin Payments on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CIV# \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ ● Returned checks are subject to a \$25 insufficient funds charge which will be added to your account.

\_\_\_\_\_ ● There is an **ANNUAL REGISTRATION FEE** of \$35 per child for the first two (2) children. There will be a charge of \$15 for additional siblings so long as two (2) or more children remain enrolled. This registration fee is non-refundable and must be paid at the time of enrollment along with the first month's tuition.

\_\_\_\_\_ ● **DROPPING CLASS** is permitted only with a **WRITTEN NOTICE** to the office (phone calls or telling a coach is not sufficient). Drop Notices must be received **prior to the 1<sup>st</sup> of the month that you intend on dropping** OR YOU WILL BE OBLIGATED TO PAY FOR THAT MONTH'S TUITION. **Please note that if the student temporarily drops from a class, his/her spot in that class will not be guaranteed at the time of re-enrollment.** (Dropping relinquishes your spot in that class).

\_\_\_\_\_ ● **TRANSFERRING CLASSES** is permitted so long as there is space available in the class you wish to transfer to and it is arranged at the front desk. Transferring classes is a privilege. Please do not abuse it. WOGA reserves the right to refuse transfers if and/or /when this privilege has been abused.

\_\_\_\_\_ ● **MAKE-UP CLASSES** – There are **NO REFUNDS, DISCOUNTS or PRORATES** if the student is absent. There will be **ONE MAKE-UP CLASS** offered at the end of each month for a class missed. Absences **CANNOT** be transferred from one month to another. A calendar of make-up dates is available at the front desk.

\_\_\_\_\_ ● **HOLIDAYS, CLOSINGS and CANCELLATIONS** do not constitute a make-up day. WOGA reserves the right to cancel any class at any time.

\_\_\_\_\_ ● **PHOTO RELEASE** – I hereby give my permission for WOGA Gymnastics to take my photograph or a photograph of my child(ren) and use or publish the likeness for WOGA Gymnastics purposes and I release WOGA Gymnastics any claims for such use.

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICE USE ONLY**

Child 1: \_\_\_\_\_

Registration Fee: **\$35.00**

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

First Month Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Trial Class Code: \_\_\_\_\_

Trial Date: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Start Date: \_\_\_\_\_

Child 1: \_\_\_\_\_

Registration Fee: **\$35.00**

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

First Month Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Trial Class Code: \_\_\_\_\_

Trial Date: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Start Date: \_\_\_\_\_

Child 1: \_\_\_\_\_

Registration Fee: **\$35.00**

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

First Month Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Trial Class Code: \_\_\_\_\_

Trial Date: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Enrolled Class Code: \_\_\_\_\_

Start Date: \_\_\_\_\_