



Fall 2008

GYMNASTICS CHEER TRAMPOLINE TUMBLING & MOVEMENT EDUCATION
3550 Garden Brook Dr., Farmers Branch, TX 75234 972/620-9922

Student Information

Last Name: Birthday: Age:

First Name: Nickname: Gender: Grade:

Parents Names: Cell: Work: Home:

Cell: Work: Home:

Student Address: Street City State Zip Code E-Mail

Parent Address (if different): Street City State Zip Code

Enrollment Request

Name of Class (1st Choice) Day Time or

Name of Class (2nd Choice) Day Time or

CAMP Date Type

I request my child will be enrolled in the above class. The annual membership fee is attached and is non-refundable upon enrollment. Summer & Camp fees are nonrefundable. Camp fees may be transferred to a different camp date (depending on availability) or to another family member. I understand that The Palaestra's enrollment is a year round program and that Monthly Tuition payments are requested by the 15th of every preceding month. In other words, September tuition is due by August 15th. Tuition is considered late if not received prior to the first class of the month. On the 8th of the month a \$15.00 late fee will be assessed on all accounts in arrears. A 30-day written drop notice is required should we desire to leave the program. Reminder statements are not sent. Statements may be mailed only when accounts are past due. If a payment on an account is not honored by the bank (returned checks) a \$30 fee will be assessed the account. That payment and the associated returned check fee are due immediately and must be paid either in cash, money order or cashier's check.

CONSENT TO PARTICIPATION; RELEASE FROM LIABILITY; CONSENT TO MEDICAL TREATMENT

I hereby consent to my child's participation in The Palaestra L.L.C.'s "Gymnastics and Movement Education Program" (the "Program"). I recognize that potentially severe injuries, including permanent paralysis or death may occur in any activity involving motion, rotation, height or body movement that takes place in an indoor gym or outdoor playground environment. I as the parent will inform my child of the possibility of injury and encourage my child to follow all safety rules and the instructors' directions. I understand that it is the express intent of the program developers to provide for the safety and protection of its participants.

In consideration for allowing my children to use the facilities operated by The Palaestra L.L.C. (the "Facilities") and participate in the Program, and knowing and assuming the risks of such participation, I HEREBY RELEASE AND DISCHARGE AND HOLD HARMLESS THE PALAESTRA L.L.C. AND ITS OWNERS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, AND LIABILITY FOR INJURIES OR DAMAGES OF ANY NATURE WHATSOEVER THAT MY CHILD OR I MAY HAVE AS A RESULT OF MY CHILD'S PARTICIPATION IN THE PROGRAM OR MY CHILD'S USE OF THE FACILITIES.

Unless otherwise noted in writing below, I also give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur. I represent that my child is in good health and condition and is physically able to participate in the Program, and that my child will not participate in the Program if that no longer continues to be true. I also represent and warrant that I have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I acknowledge that I have had the opportunity to inspect the Facilities and that I have read this Consent and Release from Liability and understand it. I also consent to photos of my child and/or myself being used in any promotional advertisement by The Palaestra LLC.

Legal guardian or parent of CHILD must sign this form prior to participation in The Palaestra Program.

Parent's Signature

Child's Name:

Name Printed:

Date:

PLEASE COMPLETE THE BACKSIDE OF THIS FORM. THANK YOU.

DO GYMNASTICS AT THE PALAESTRA WITH A FRIEND:

Please list two friends who might like to receive information on our program and classes, (you receive a 10% discount on one month's tuition for every friend that registers for classes).

NAME ADDRESS PHONE NUMBER

Emergency Contact Information (other than parents)

Name: Relationship:

Work Phone: Cell Phone: Home Phone:

Address:

Medical Information

Doctor: Phone: Hospital:

Address: Street City State Zip Code

Insurance: Policy No: Phone:

Name of Insured:

Allergies: Medications:

Physical or Psychological Limitations Known to You: (tell us about your child)

RELEASE FROM LIABILITY; CONSENT TO MEDICAL TREATMENT FOR PARENT/CHILD CLASSES

I desire to participate in The Palaestra L.L.C.'s "Gymnastics and Movement Education Program" (the "Program"). I recognize that potentially severe injuries, including permanent paralysis or death may occur in any activity involving motion, rotation, height or body movement that takes place in an indoor gym or outdoor playground environment. I agree to follow all safety rules and the instructors' directions. I understand that it is the express intent of the program developers to provide for the safety and protection of its participants.

In consideration for being allowed to use the facilities operated by The Palaestra L.L.C. (the "Facilities") and participate in the Program, and knowing and assuming the risks of such participation, I HEREBY RELEASE AND DISCHARGE AND HOLD HARMLESS THE PALAESTRA L.L.C. AND ITS OWNERS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, AND LIABILITY FOR INJURIES OR DAMAGES OF ANY NATURE WHATSOEVER THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE PROGRAM OR MY USE OF THE FACILITIES.

Unless otherwise noted in writing below, I also give my permission to trained medical professionals to administer emergency medical treatment to me, should sickness or accident occur. I represent that I am in good health and condition and physically able to participate in the Program, and that I will not participate in the Program if that no longer continues to be true. I also represent and warrant that I have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for my own protection.

I acknowledge that I have had the opportunity to inspect the Facilities and that I have read this Consent and Release from Liability and understand it.

Signature

Name Printed:

Date:

PARENT or legal guardian must sign this form prior to participation in The Palaestra Program Parent/ Child class.

Table with 5 columns: Office Use: Date Rcvd, By, Check No., Amount, Confirm Call