Office Use Only:

Class Code _____
Tuition _____
XAG Membership _____
Total Due _____ ☐ Paid
New Member Letter Sent? ___
Email invoice? _____

Registration Form/Waiver
Xtreme Altitude

555 Aspen Ridge Drive, Unit F
Lafayette, CO. 80026
720-887-6752

Date _____

Student's Name _____DOB__/__/__

Class Name_____Day_____Time_____ Boy or Girl? (Circle one)

Student's Name _____DOB__/__/__

Class Name_____Day_____Time_____ Boy or Girl? (Circle one)

Student's Name _____DOB__/__/__

Class Name_____Day_____Time_____ Boy or Girl? (Circle one)

Mother's Name_____Father's Name_____

Address _____City _____Zip_____

Primary Phone # _____Name/Type_____
(i.e.: Home, Mom's Cell, Dad's Cell, Mom's Work, Dad's Work, etc)

Secondary Phone # _____Name/Type_____

Primary Email Address_____
(**please provide for efficient communication**)

Secondary Email Address _____

Primary Accident/Medical Insurance _____

Emergency Contact: Please list a close friend or relative who could be reached in an emergency if you, as legal guardian, cannot be reached:

Name _____ Ph. _____

Please list any physical and/or social conditions that may affect your child's performance in class (significant past injuries, allergies, fears, etc.)

_____

How did you hear about us?

- ❑ Birthday party Guest
- ❑ Friend
- ❑ Bring-a-friend
- ❑ Internet search
- ❑ Parent Night Out Guest
- ❑ Drive by/Walk by
- ❑ Colorado Kids/Yellow Scene
- ❑ Local Event/meets

Please Read The Following Information Very Carefully!!!

Billing Procedure: I understand that Xtreme Altitude runs on a quarterly billing cycle (12 week sessions). I understand that I will be required to pay for my child's full quarter dues PRIOR to beginning classes, unless I choose to submit a credit card number to the front desk for autopay. If I choose the credit card option, I understand that my credit card will be billed in 3 equal monthly installments during the session (on the 1st of the month for TEAM athletes and on the 15th of the month for recreational students). **Initals** _____

I also understand that, as a current client, I will be offered a priority registration period to register my child(ren) for the next session. If I am on autopay with a credit card and I choose NOT to sign up for the next session, I understand that I MUST provide written notice to the front desk BY THE PRIORITY REGISTRATION DEADLINE in order to discontinue billing on my credit card. If I do not provide such notice, my credit card will be billed for another month of classes. **Initials** _____

Returned Check Fee: I understand that if my check is returned by the bank for insufficient funds, I will be charged a $20 returned check fee and my child will not be permitted to participate in class until the tuition and fees are paid in full. Furthermore, I may be required to make any future payments in cash or with a credit card on file. **Initials** _____

Mornings for Moms clients: I understand that the punch cards expire at the end of each quarter, but I do have the option to roll up to 2 punches over from 1 quarter to the next with the purchase of a new card. I understand that I cannot leave the facility if my child is under 3 and/or not potty trained. **Initials** _____

Payment Information (Payment must accompany registration):

- ❑ Check
- ❑ Cash
- ❑ Please bill my credit card (Circle One) Mastercard Visa

Card # _____Exp. Date _____3-Digit Code _____

Name as it appears on card _____

Signature _____

- ❑ **Please check if you would like to set up automatic bill pay with this credit card**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

As the parent or guardian of the minor(s) listed on this registration form, I fully understand that gymnastics and cheerleading involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by their 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 the minor's participation in any activities at Xtreme Altitude Gymnastics, Inc.. I believe the minor to be physically able and qualified to participate in the activity listed on this registration form.

I hereby release, discharge, covenant not to sue Xtreme Altitude Gymnastics, Inc., and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of 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, the minor or anyone on the minor's 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 RELEASE 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 Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____