

HOTSHOTS WEST GYMNASTICS, INC.
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Phone: 516-742-FLIP (3547) Fax: 516-742-3544
HotshotsWestGym.com

ENROLLMENT FORM

LAST NAME: _____ CLASS: _____

CHILD'S FIRST NAME: _____ PARENTS' FIRST NAMES: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CHILD'S BIRTH DATE: _____

CELL PHONE: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

PLEASE LIST ANY MEDICAL OR OTHER INFORMATION PERTAINING TO YOUR CHILD'S ABILITY TO PARTICIPATE IN GYMNASTICS; (HEART CONDITION, ORTHOPEDIC/BACK/NECK PROBLEMS, ASTHMA, BRONCHITIS, ETC.): _____

I AM AWARE THAT IN ADDITION TO THE USUAL DANGERS AND RISKS INHERENT IN THE SPORT OF GYMNASTICS, CHEERLEADING AND TRAMPOLINE, CERTAIN ADDITIONAL DANGERS AND RISKS ARE PRESENT WHEN USING HOTSHOTS WEST GYMNASTICS, INC. FACILITIES, GYMNASTIC EQUIPMENT AND TRAMPOLINE, INCLUDING, BUT NOT LIMITED TO, THE DANGER AND RISK OF FALLING, LANDING, PERFORMING TRICKS AND COLLIDING WITH OTHER GYMNASTS, STAFF, MEDIA PERSONNEL AND SPECTATORS. BY SIGNING THIS WAIVER I FREELY ACCEPT AND FULLY ASSUME RESPONSIBILITY FOR ALL SUCH DANGERS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

I HEREBY CERTIFY THAT MY CHILD OR CHILDREN ARE COVERED BY MY OWN MEDICAL INSURANCE, AND THAT I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY PRIOR THE SIGNING IT, AND I AM AWARE THAT BY SIGNING THE RELEASE OF LIABILITY I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASES. I WILL ABIDE BY ALL SCHOOL POLICIES AND GYMNASTICS RULES.

REGISTRATION POLICY: AT TIME OF REGISTRATION PAYMENT IN FULL IS REQUIRED TO RESERVE YOUR CHILD'S PLACE IN CLASS. \$75 OF THE TUITION IS COMPLETELY NON-REFUNDABLE.

REGISTRATION/INSURANCE FEE (PAYABLE ONCE A SCHOOL CALENDAR YEAR): \$30. EVERY PARTICIPANT MUST PAY THIS FEE AT TIME OF REGISTRATION. THIS ENROLLMENT FORM HAS NO EXPIRATION.

I UNDERSTAND THAT I AM RESPONSIBLE TO NOTIFY HOTSHOTS WEST GYMNASTICS, INC. OF ANY CHANGES TO THE PERSONAL INFORMATION, INCLUDING ALL PHONE NUMBERS, LISTED ABOVE.

REFUND POLICY: \$75 OF THE TUITION IS COMPLETELY NON-REFUNDABLE AT TIME OF REGISTRATION. ABSOLUTELY NO EXCEPTIONS. EACH GYMNAST HAS UP UNTIL THE SECOND CONSECUTIVE CLASS OF OUR SEMESTER TO DECIDE IF THEY WISH TO WITHDRAW FROM THE PROGRAM. TUITION LESS \$75 WILL BE REIMBURSED. THERE WILL BE ABSOLUTELY NO REFUNDS AFTER OUR SECOND CONSECUTIVE CLASS OF THE SEMESTER.

PARENT'S SIGNATURE

DATE