



Gymnastics Academy Registration

STUDENT INFORMATION

First Name _____ Last Name _____ D.O.B: ___/___/___ Age _____

Phone () _____ Address _____

City _____ State _____ Zip _____

Medical facts we should be aware of: _____

PARENT-GUARDIAN INFORMATION

First Name _____ Last Name _____ Home Phone: () _____

Cell Phone () _____ Work Phone: () _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to student: _____

Home Phone: () _____ Cell Phone: () _____

SIGNATURE REQUIRED TO COMPLETE REGISTRATION

By signing below, you fully understand and comply with all Absolute's Rules & Policies and you MUST complete the TCPA Compliance Consent Form on the back of this form

ACKNOWLEDGEMENT OF RISK & RELEASE OF LIABILITY - As legal guardian of _____, age _____, I hereby release Absolute Gymnastics Academy, Inc., its owners, officers, employees, teachers and coaches from liability for any and all damages and injuries to my child while under instruction, supervision or control of Absolute Gymnastics Academy. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury sustained while training at or performing at/for Absolute Gymnastics Academy. By voluntarily signing this release, I acknowledge my understanding of the above and hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

PHOTO OPPORTUNITIES During the course of the year, there are many photo opportunities your child may be exposed to. These opportunities may occur at Absolute, during any away meet or competitions, parades, exhibitions, parties, sleepovers, etc. Photos may be used for newspapers, our website, posted in the gym, etc. If you do not want your child's picture used in any public forum – please indicate by submitting written notice stating such – include name, class day, class time and signature.

CALL LISTS– upon registering; you will be added to our call list. Calls will be made for Absolute announcements including but not limited to: weather cancellations; make-up classes; enrollment payment deadline dates, show info (days/times, payment info for show outfits, tickets, etc.)

Signature of Parent or Guardian: _____ Date: _____

Class Enrollment Information

1st Choice:
Class Name: _____ Day: _____ Time: _____ Age Group: _____

2nd Choice:
Class Name: _____ Day: _____ Time: _____ Age Group: _____

- Assume your first choice has been accepted unless notified otherwise
- Absolute reserves the right to change/cancel class schedules as deemed necessary

FOR OFFICE USE ONLY

Amt Pd: _____ Check #: _____ Date Rec'vd: _____ Reg Fee: _____ Tuition: _____

Class Entered: _____ / Day _____ / Time _____ / Instructor _____



TCPA COMPLIANCE ~ PRIOR EXPRESS WRITTEN CONSENT

Due to TCPA / FCC Regulations it is now required that prior express written consent be given in order to receive any ATDS and/or pre-recorded phone calls and/or text messages for telemarketing purposes.

Absolute Gymnastics Academy Inc. uses ATDS (Automatic Telephone Dialing System) to communicate with our clients. Calls will be made for Absolute announcements such as: weather cancellations, make-up class schedules, enrollment payment deadline dates, reminder information on upcoming sessions and special events. We will also use our call list for all show information: show schedules, ticket purchase info, show outfits/leotard purchase info. Team call lists will be used for all team information including meet fee information, meet information, team apparel information, fundraising information, show information and scheduling information.

By signing this form, you are authorizing Absolute to make these calls and/or send these messages via ATDS and/or pre-recorded messages now and in the future until you give notice that you no longer wish to remain on the call list. You are **NOT** authorizing any purchases for goods and/or services.

In order give your prior express written consent you must provide us with your home and cell phone number as well as your printed name, signature and date.

If you choose to “Opt Out” of the call list procedure and/or we do not have your prior express written consent on file; we will NOT be able to include you on important communication news and information from Absolute Gymnastics Academy, Inc. It is your responsibility to provide us with this information if you choose to be contacted.

NAME (print FULL name)

SIGNATURE

DATE

HOME PHONE NUMBER

CELL PHONE NUMBER

Name of Absolute Student