

# Northwest Gymnastics Training Center

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## Enrollment Registration Form

Welcome to Northwest Gymnastics Training Center (NGTC). We are pleased you have chosen to have fun and train with us. We are excited to get started and look forward to building self-confidence, gymnastics skills, strength, flexibility, knowledge, competitiveness and friendships in a positive, disciplined and fun environment!

All that's remaining is this simple registration form. Simply read the entire form (front and back), complete, and hand, fax or email to us! Please note that your registration fee is due prior to the first class.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Athlete's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ I've attended a party or class at NGTC before? YES / NO

Parent/Guardian (if under 18): Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_ 2<sup>nd</sup> Email: \_\_\_\_\_

Emergency Contact (other than primary Parent / Guardian): \_\_\_\_\_

Please list any known allergies, previous or current injuries and any physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ I have read and understand the attached terms and conditions.

Signature of Parent / Guardian listed above: \_\_\_\_\_

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Please Print Parent/Guard. Name: \_\_\_\_\_

Received and reviewed by NGTC: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Obligation:** Both Parent and Child understand that admission to NGTC is offered on a limited basis. As only a certain number of students are accepted each year, we ask that you make every effort to make it to each class. If you are unable to make it periodically, we understand. However, we ask that you kindly give the office an email or phone call so that we can plan the class accordingly.

Parent / Guardian is responsible for making tuition payments on-time and in-full on or before the 1st of each month. (A \$10 late fee does apply for payments received after the 5<sup>th</sup> of each month.). I understand that tuition is subject to change. However changes will be posted at least 30-days prior to changes taking affect.

NGTC reserves the right to remove students whose actions are deemed unruly and/or dangerous to others by the coaches and/or staff of NGTC. Those students may not be allowed to further participate in future team or recreational classes offered by NGTC. I understand that if this rare occurrence should happen to my child I will not be entitled to a refund, either partial or whole.

NGTC requires a 30-day drop notice. This “intent to drop” form may be picked-up at the office or online. We require written (either hand or electronic signature) notification so that we may make the necessary adjustments to the remaining class(es).

**Agreement to Participate:** I understand that gymnastics, like other situations and activities involving height and movement, involves a certain degree of risk and chance of serious injury. The participant named on this form has no known problems that might compromise his/her safety & the safety of others.

Furthermore, for the safety of your child and the other party goers and coaches, I agree to be bound by the rules and regulations of NGTC and/or the host facility.

**Waiver and Release:** I am fully aware of the risks associated with gymnastics. These risks may include catastrophic injury, paralysis and even death, as well as other damages and losses associated with your child’s activities. I further agree that NGTC, including its staff, owners, coaches and agents shall not be liable for any losses or damages occurring as a result of my participation in any activities at NGTC, except where such loss or damage is the direct result of the intentional or reckless conduction of one of the organizations or individuals identified above.

**Permission for Medical Treatment:** I confirm that the above named participant is in good health overall. I hereby authorize NGTC to administer simple first aid and / or customary athletic training attention. I also authorize a medical transport, exam, x-rays, or a medical / surgical diagnosis as deemed necessary by the participant’s physician or hospital.

Please remember that NGTC is a safe and positive environment. We encourage all children to bring their full energy and enthusiasm to the gym for a fun and very memorable experience. Please assist us in encouraging your child to listen to the words of the teacher / staff person responsible for the party so that everyone has a great time!

**Membership Benefits:** We greatly value the investment you are making in your child and appreciate your confidence in NGTC. To show our appreciation, we offer our members discounts on all other services at NGTC. Those services include Parents Night Out, Open Gym, Birthday (or other) Parties, Private Gym Rental, and more! Plus, you’ll be invited to special “Member Only” events!