

2018
REGISTRATION FORM
WAUPACA LOCATION

Enrolled in Sunny Day Child Care



YES NO

CHILD'S NAME: _____ DOB: _____ AGE: _____ NEW STUDENT YES NO
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
ALLERGIES: _____ ANY MEDICAL, BEHAVIORAL OR SPECIAL NEEDS: _____

PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION:

Mother's Name: _____ **Father's Name:** _____
Phone # () _____ Cell Home Work Phone# () _____ Cell Home Work
E-mail: _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENT/LEGAL GUARDIAN):

Name: _____ Phone: _____

How did you hear about us? _____

Registration Fee: \$20 Annually **Payment Plan** YES NO See back for details

NOTE: THE REGISTRATION FEE IS PAYABLE ONCE A YEAR and will be prorated in July 1ST. Carousel Gymnastics carries excess medical and liability insurance for all members. Your own carrier is your primary insurance.

PHOTO RELEASE WAIVER

I hereby authorize Carousel Gymnastics, LLC. To publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Carousel Gymnastics from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and website produced by Carousel Gymnastics is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Carousel Gymnastics confers no rights of ownership whatsoever. I release Carousel Gymnastics, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

_____ Agree to use _____ DO NOT Agree to Use

ASSUMPTION OF RISK – WAIVER OF LIABILITY – INDEMNITY AGREEMENT

- 1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child (ren) to participate in any program or activities including open gym and birthday parties with Carousel Gymnastics, I ACCEPT ALL RISKS associated with such participation.
- 2) In consideration for my for child(ren)'s participation I hereby, myself and my child(ren) release, waive, discharge and covenant NOT TO SUE Carousel Gymnastics, their respective owners, directors, employees, and volunteers ("releases" from all liability resulting from damages or injuries as a result of participation including those resulting from acts of negligence.
- 3) I understand that participation in gymnastics involves risk and possible injury. I understand and agree that Carousel Gymnastics and their staff will assume no responsibility for medical expenses incurred by my child as a result of injury at the facility. My child has no physical, mental or emotional problems that would interfere with participation in this program. I also agree to incur charges for this session.
- 4) Hereby agree to indemnify and save hold harmless the releases and each of them FROM any loss, liability, damage, or cost they may incur arising out of or related to ANY ACTIVITIES whether caused by the negligence of releases or others.

Any and all gymnastics skills will be conducted in a safe gym environment and will hold Carousel Gymnastics harmless of any injuries incurred in and outside the gym areas.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT and PHOTO RELEASE and fully understand its terms. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ALSO ON BEHALF OF PARTICIPANT(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT, ASSURANCE OR GUARENTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I agree and give permission for my child (ren) to participate. I have read and agree to Carousel Gymnastics, LLC, rules and policies, and billing.

PARENT/LEGAL GUARDIAN'S signature _____ Date _____

I have received a copy of Carousel Gymnastics, rules and policies. _____ (please initial)

OFFICE USE ONLY

	Winter Session	Spring Session	Summer Session A	Summer Session B	Fall Session
Class					
Day					
Time					
Registration Fee \$20					
Total Tuition Due					
	Staff initials	Staff initials	Staff initials	Staff initials	Staff initials
Payment Received (Cash or Check #)					
PAYMENT PLAN Monthly Payment					
Intitial Pymt					
2nd Pymt	Due:	Due:	Due:	Due:	Due:
3rd Pymt	Due:	Due:	Due:	Due:	Due:

***All tuition must be paid in full before registering for the next session to ensure your child's participation.**

PAYMENT PLANS:

- Payments will be based on a 3 month session
- First payment is due at the time of registration to hold your child's spot in class
- The other payments will be due by the second week of every month as indicated on this form.

I have read and understand Carousel Gymnastics payment plan policies. _____ (initials)

