

RC Dance & Gymnastics Participant Registration Form

Family Last	Street:	City:	State:	Zip:		
CHILD #1:	<u>AGE:</u>	<u>DOB:</u>	<u>SEX:</u>	<u>GRADE:</u>	ALLERGIES, MEDICAL ALERT...	<u>CLASS-DAY & TIME:</u> 1. 2. 3. 4.
CHILD #2:	<u>AGE:</u>	<u>DOB:</u>	<u>SEX:</u>	<u>GRADE:</u>	ALLERGIES, MEDICAL ALERT...	<u>CLASS-DAY & TIME:</u> 1. 2. 3. 4.
CHILD #3:	<u>AGE:</u>	<u>DOB:</u>	<u>SEX:</u>	<u>GRADE:</u>	ALLERGIES, MEDICAL ALERT...	<u>CLASS-DAY & TIME:</u> 1. 2. 3. 4.
PARENT #1 OR GUARDIAN	HOME PHONE:	WORK/CELL PHONE:	PHYSICIAN:			
PARENT #1 OR GUARDIAN	HOME PHONE:	WORK/CELL PHONE:	HEALTH INSURANCE:			
OFFICE USE: TOTAL TUITION: _____ CHECK #: _____ QUARTERLY PAYMENTS: _____ *Summer classes must be paid in full at time of registration.						

BY SIGNING BELOW, I acknowledge reading understanding, and accepting the statements herein. **AGREEMENT TO PARTICPATE AND LIABILITY WAIVER-I** understand dance, gymnastics, and other sports activities involve risk and possible injury. I understand that it is my responsibility as an adult parent or guardian not to allow participation if there are any physical, emotional, behavioral or other problems that might compromise safe involvement. I understand that injuries can and do occur and that health insurance is a requirement. I understand that RC Dance & Gymnastics, LLC does not carry medical insurance for participants and forever release the corporation, staff, owners, facility and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at a related activity. **AUTHORIZATION OF MEDICAL CARE-**In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses. **VALID DATES-** These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself or any family member participates in any activity at or with RC Dance & Gymnastics, LLC. **AGREEMENT TO PAY-** I understand that there are no refunds, credits or guaranteed make-ups for missed classes due to personal reasons or inclement weather, and I am obligated to pay full tuition payments by required due date. I accept the responsibility of paying for any damage to facility and equipment caused by a family member or myself.

Signature of Parent/Legal Guardian:	Date:	Email:
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