



Family Gymnastics Enrollment Agreement



Guardians: Please provide a valid e-mail in order to receive updates and information regarding your child 's classes.

Primary: _____ Relationship: _____ Contact # _____
Email: _____ *Please Circle: Cell Home Work*

Secondary: _____ Relationship: _____ Contact # _____
Email: _____ *Please Circle: Cell Home Work*

Billing Address: _____ Apt #: _____
City: _____ ST: _____ Zip: _____

Children: Please list all of your children whether or not they are currently enrolling.

1) Name: _____ Birthday ____/____/____ Age: ____ Sex M F

Any Medical Condition: _____

2) Name: _____ Birthday ____/____/____ Age: ____ Sex M F

Any Medical Condition: _____

3) Name: _____ Birthday ____/____/____ Age: ____ Sex M F

Any Medical Condition: _____

4) Name: _____ Birthday ____/____/____ Age: ____ Sex M F

Any Medical Condition: _____

Office use only

Class: _____
2nd: _____
Tuition \$ _____
Mem Fee \$ _____
Class: _____
2nd: _____
Tuition \$ _____
Mem Fee \$ _____
Class: _____
2nd: _____
Tuition \$ _____
Mem Fee \$ _____
Class: _____
2nd: _____
Tuition \$ _____
Mem Fee \$ _____

Draft: \$ _____ **1st CC Auto Pay** **15th Bank Draft (save \$2 per child per month with bank draft)**
No Discount If the date falls on a weekend or holiday, payments are drafted the following business day. Discount NOT VAILD FOR HOME SCHOOL Classes

I hereby authorize bank without respect to the source of any funds now or hereafter to initiate credit and/or debit entries to such account by funds transfer and /or automated clearing house transfer; to initiate any and all necessary reversing entries; and to require bank, if necessary, to block or restrict access to the account. I agree to pay \$25 for insufficient funds. For and in consideration of full membership privileges the under signed hereby agrees to pay to the order of Shining Light Gymnastics, Inc as billed monthly.

Authorized Banking Signature: _____ Month of 1st draft _____

Monthly Billing By E-Mail: \$ _____ **Due on the 1st of each month**
You will receive a monthly email from Shining Light Gymnastics around the 25th of each month, and tuition is due on the 1st of each month. A \$10 late fee will automatically be added to any account unpaid after the 9th of the month. Accounts unpaid after 45 days are subject to a collection service. Students will not be allowed to participate in class until account is paid or arrangements are set up through the Office Manager. Not receiving a monthly statement does not alleviate your financial obligations to **Shining Light Gymnastics.**

Procedure for Canceling Classes and Promise to Pay:
I agree to pay for all classes my child is enrolled in through the end of the month. I understand that a written notice must be received by the office 2 WEEKS PRIOR in order to cancel any classes that my child is enrolled in to avoid a \$15 drop fee. _____ (Initial) I understand that my child may make up one class per month missed upon availability and that there is no refund for missed class. I understand that any membership fee charged to my account is to be paid by me on an annual basis per child as long as they are enrolled in classes. I understand that a family membership form id kept on file in the case of any future children wanting to join the gymnastics program. I agree and promise to pay for all fees associated with my children's participation at Shining Light, including the annual fee upon renewal date. I further understand and agree, that if I fail to make timely payments on my account, I will be responsible for any and all cost for collections, including filing fees, as well as reasonable attorney's fees.

Please READ reverse side and SIGN

CONSENT AND RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby grant to Let It Shine Gymnastics, Shining light Gymnastics, Holly Bortrager and Curtis Bortrager, their heirs, legal representatives, successors and assigns, and those acting under their permission or upon their authority or those under whom they are acting or by whom they have been commissioned ("Bortrager"), the absolute and unqualified right and permission to reproduce, publish, distribute and otherwise use or exploit, photographs, motion pictures and other audiovisual works (including works recorded in so-called "digital" mediums) of me or in which I may be included taken while practicing, training, attending class, competing, participating in open gym, special events, birthday parties, demonstrations or in any other way involved in gymnastics, cheerleading, preschool, team or other activities involving Let It Shine Gymnastics and/or Shining Light Gymnastics in black and white or in color, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world, and to make similar uses of any reproductions of my voice. This authorization and consent includes any use of such photographs, motion pictures, audiovisual works or voice reproductions without regard to any distortion or alteration in character or form and any composite, stunt or comic use caused by optical illusion, distortion, alteration, retouching or by any other method, whether intentional or otherwise. The use and exploitation hereunder may be in any medium now or thereafter known or developed for illustration, promotion, advertising, trade or any other purpose whatsoever, whether accompanied by printed matter or otherwise. I hereby waive any opportunity or right which I may have to inspect or approve the finished photographs, films, tapes, or digital data, the use to which they may be put, any copy, photographs, illustrations or other material used in connection therewith or the final product in which they may be used or incorporated. I hereby acknowledge that Bortrager is the owner and copyright proprietor of all right, title and interest in and to all negatives, prints, tapes or other reproductions of such photographs, motion pictures, audiovisual works and voice reproductions, and I hereby assign to Bortrager any right, title or interest that I may have or be deemed to have therein. I hereby waive, release and discharge Bortrager from any claim, demand, action or suit which I may have or which may be derived through me for libel, defamation, invasion of privacy or any violation of any right to publicity or any other right which I may have arising out of the publication or use of such photographs, motion pictures, audiovisual works and voice reproductions. I hereby warrant that I am of legal age (or am the parent or legal guardian if in favor of a minor), under no legal disability and have the full right and authority to execute this Consent and Release; that I have read and understand it; that I am executing it as my own free act and deed; and that this Consent and Release shall be binding upon me, my heirs, legal representatives and assigns.

Waiver and Consent for Medical Treatment:

DISCLAIMER: LET IT SHINE GYMNASTICS, INC (LET IT SHINE), SHINING LIGHT GYMNASTICS, HOLLY AND CURTIS BORNTRAGER IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, BIRTHDAY PARTIES, DEMONSTRATIONS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL, TEAMS OR OTHER ACTIVITIES AT SHINING LIGHT FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF SHINING, ITS OWNERS, OFFICERS, AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Let It Shine, the Let It Shine Board of Directors and Officers, Shining Light Gymnastics, Holly and Curtis Bortrager and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Let It Shine or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and, as such, they pose a risk of injury. I understand that gymnastics, cheerleading and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injuries to virtually all bones, joints, muscles, and internal organs, and the bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless acts of other participants who may not have complete control over their actions or may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further agree to indemnify and hold harmless Let It Shine, Shining Light and Holly and Curtis Bortrager and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Let It Shine, Shining Light and Holly and Curtis Bortrager activities or any activities incidental thereto, whenever, wherever, or however the same may occur. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Tennessee and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within Williamson County, Tennessee. I do hereby grant authority to the staff of Let It Shine, Shining Light, Holly and Curtis Bortrager to render judgment concerning medical assistance in the event of an accident, injury or illness if they are unable to contact a parent or legal guardian and to take my children to a doctor or hospital if necessary. I further authorize simple first aid, a medical or surgical diagnosis and treatment which may be deemed necessary and wish to have my children/ward(s) actively participate now and in the future. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Let It Shine, Shining Light, Holly and Curtis Bortrager or any person listed above.

x _____
Signature of Parent's / Guardian's Signature (18 years or older) Date Shining Light Witness

Mem Fee(\$)	_____	This Month\$	_____	Next \$	_____	Total \$	_____	check #	_____	cash	charge
Coupon	_____	T-Shirt	_____	Signature	_____	Billed in Billing	_____				
Office use only											