

S
T
E
P
1**Student Information**

1st Student Name: _____ D.O.B _____
 2nd Student Name: _____ D.O.B _____
 3rd Student Name: _____ D.O.B _____
 Special Medical Conditions/Allergies/Restrictions _____

S
T
E
P
2**Family Information / Billing Contact**

Parent/Guardian First Name: _____ Last _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mom Cell Phone: _____ Dad Cell Phone: _____
 E-Mail: _____ **All receipts/class information is emailed**
 How Did You Hear About Us? _____
 Emergency Contact Name Other Than Parent: _____ Emergency Contact #: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian of the above named persons, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading clinics, camps, private lessons, birthday parties, birthday party guests, open gym, camps, play time, and field trips. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Mills Gymnastics USA and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Mills Gymnastics USA, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of Mills Gymnastics USA. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. Mills Gymnastics USA will only warn the child thru Safety Messages and our teaching style and progressions. I further acknowledge, understand, and appreciate that my participation may result in possible exposure to and illness from infectious diseases, including but not limited to, MRSA, Influenza, and COVID-19. I knowingly and freely assume all risks, both known and unknown, associated with infectious diseases, even if arising from the negligence of the release of others, and assume full responsibility for participation and exposure. **PERMISSION FOR EMERGENCY MEDICAL TREATMENT/ MEDICAL INSURANCE** I confirm that my child is in good health and I have medical insurance on my child and will provide coverage while he/she is enrolled. I fully understand that Mills Gymnastics USA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Mills Gymnastics USA staff members to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Mills Gymnastics USA Staff to seek medical help including calling of an ambulance for said child should the Mills Gymnastics USA staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by my child as a result of any injury sustained while participating at Mills Gymnastics USA. **TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION** I understand if my child is enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit a Mills Gymnastics USA class stop request. If I am stopping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I stop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I Understand that Mills Gymnastics USA does not give make-up classes, credit and/or refunds for, but not limited to programs, class(es), clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, field trips and missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. Mills Gymnastics USA does not issue refunds. All sales are final for any product and/or service purchased and/or provided by Mills Gymnastics USA. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. I am responsible to make timely payments of my balances due on my Mills Gymnastics USA account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have reoccurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received before the due date, Mills Gymnastics USA will initiate electronic payments for any balances due on my account. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with Mills Gymnastics USA. I acknowledge that this authorization will remain in effect until I notify Mills Gymnastics USA business office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue. I understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. **USE OF IMAGE** I understand and give permission for photo or video images of my child and or myself to be used without names as deemed appropriate for the promotion of Mills Gymnastics USA. **COMMUNICATION** I understand and give permission for Mills Gymnastics USA to contact me thru texts, phone calls, and emails unless I opt out at the Mills Gymnastics Business Office. Mills Gymnastics USA reserves the right to modify the terms of this agreement with written notice.

S
T
E
P
3**BY SIGNING THIS FORM I UNDERSTAND I ADHERE TO THE FOLLOWING POLICIES:**

- 1) **I understand I am on auto billing.** The payment information I put on file will be charged the 1st of each month for my balance due and my receipt will be emailed. **Auto billing applies only to programs that have a reoccurring monthly tuition.** Fees for other products and/or services shall be paid for at the time of purchase or registration. I understand if my child is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit a "stop class form" at Mills Gymnastics USA.
- 2) If my payment is not made **BEFORE** the due date my payment information will be charged.
- 3) Mills Gymnastics has provided me with educational material about understanding concussions.
- 4) If my payment is declined/late, I will incur a \$10 processing fee; if my payment is more than 3 days past due, my child will be dropped from class.

Signature: X _____ **Date:** _____