

Texas Gymnastics Training Center

TGTOnline.com
1331 E. HWY 80; Suite #4
Mesquite, TX 75150

Athletic Membership Agreement and Club Waiver Form

First Name: _____ Last Name: _____
Birthdate: ___/___/___ Sex: _____
Address: _____ City: _____ Zip: _____
Home Phone: (____) _____
Father: _____ Phone(w or cell): _____
Mother: _____ Phone(w or cell): _____
Emergency Contact: _____ Phone: (____) _____
Medical Problems, If any: _____
Class: _____ Day: _____ Time: _____

Gymnastics Tuition Policies

Registration Fee of \$25.00 is non-refundable and must be paid along with the first month's tuition. Tuition and registration must be paid BEFORE your child's first class.

Tuition Fees are payable monthly and are due on the FIRST day of each month. A late fee of \$10.00 will be added if the tuition is not received by the 10th. A fee of 25.00\$ will be added to any returned checks.

Make-Up Classes: it is a no refunds policy if the student is absent. Please call ahead to arrange a time for ALL make-ups. If you schedule a make-up class and fail to show up without calling, you will forfeit that make-up class. You have 6 weeks from the day you miss, to make-up any missed classes. It is YOUR responsibility to schedule them!!!

Student Withdraws: You are responsible for payment of monthly tuition until you notify T.G.T.C. of your intent to withdraw your child from class. IF YOU DROP FOR A MONTH OR LONGER, A NEW REGISTRATION FEE WILL AUTOMATICALLY BE CHARGED TO RE-ENROLL.

MEDICAL RELEASE FORM

I give my approval for the above named student's participation in any and all activities of the program. I hereby forever waive and forever release and discharge TEXAS GYMNASTICS TRAINING CENTER their officers, directors, employee's and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities. As a student of parent or guardian or a student, that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the TEXAS GYMNASTICS TRAINING CENTER. I authorize the representatives of TEXAS GYMNASTICS TRAINING CENTER to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for TEXAS GYMNASTICS TRAINING CENTER. I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. The TEXAS GYMNASTICS TRAINING CENTER is not responsible, whatsoever, for anything that happens before or after the student's class time!!! The TEXAS GYMNASTICS TRAINING CENTER is NOT, in any way responsible for children who are not enrolled here and are allowed by you , the guardian, to roam in the gym.

DO HEREBY VERIFY THAT I HAVE READ CAREFULLY AND UNDERSTAND AND ACCEPT EACH OF THE ABOVE POLICIES AND CONDITIONS.

Signature of parent or guardian,
Or participant(if over 18 years): _____
Signature of witness: _____ date: ___/___/___