



Vargas Academy of Gymnastic Arts
 103 Whispering Pines Dr Unit-C
 Scotts Valley, CA 95066
 (831) 438- VAGA (8242)
 VargasAcademy.com

Participant Registration and Waiver

Trial Day: M T W TH F	Start Date: / /	Registration & Uniform Fee: \$
Trial Time:	Sign-up Date: / /	Monthly Tuition Fee: \$
Coach:	Previously Enrolled: Y or N	Total Fees due: \$

Parent (1) First Name: _____ Last Name: _____

Parent (2) First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: () _____ -- _____

Cell Phone Parent (1): () _____ -- _____ Cell # Parent (2): () _____ -- _____

Email Address: Parent (1): _____ @ _____

Parent (2): _____ @ _____

Emergency Contact Name: _____ Cell #: () _____ -- _____ Relation: _____

Child's First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Male / Female

Child's First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Male / Female

Child's First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Male / Female

Child's First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Male / Female

Monthly Tuition:

Tuition is due monthly on or before the 1st of the month.
 A \$25.00 LATE FEE will be added to all accounts that are not paid by the 5th of the month.
 Each additional class taken per family is discounted 10%.

Payments must be made by CASH, VISA, MASTERCARD, or AMERICAN EXPRESS.
 All new members must sign-up with our Auto-Pay Program.
 A \$25.00 LATE fee will be applied to all accounts not current after the 5th of the month.

Credit Card Type: (Circle one)

Visa MasterCard American Express

Credit Card #: _____ - _____ - _____ - _____

Monthly Tuition: \$ _____

Expiration Date: ____/____/____

3 Dig: _____

Zip Code: _____

X _____
 Parent/Guardian Signature

Date: ____/____/____

Make-up Class Policy:

In the event that a student cannot attend a class, please call to let the gym know.
 We do not schedule make-up classes for missing classes or SKILLS CHECK-OFF WEEK.

Initials: X _____

Date: ____/____/____

Drop Policy:

When dropping from Vargas Academy, we require A 30 DAY WRITTEN DROP NOTICE. If we do not receive a 30-day written drop notice, you will be CHARGED monthly tuition until received.

Initials: X _____

Date: ____/____/____

Uniform Policy:

When attending classes at Vargas Academy, we do require a uniform (t-shirt/shorts or leotard). Initials: X _____

Date: ____/____/____

PERMISSION FOR MEDICAL TREATMENT

I confirm that the above-named persons are in good health. I authorize simple First Aid and consent to medical treatment by a physician if deemed necessary.

Initials: X _____

Date: ____/____/____

Insurance Carrier: _____

Policy/Group #: _____



Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Vargas Academy of Gymnastic Arts, herein and collectively referred to as "VA", their agents, Owners, officers, employees and all other persons or entities acting in any capacity on their behalf. I hereby agree to release and discharge VA on behalf of myself, my children, my parents, my heirs, personal representatives and estates as follows:

1. I understand and acknowledge that the activity I, or my child, are about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself or my child, to property, or to third parties.

THE FOLLOWING DESCRIBES SOME, BUT NOT ALL OF THOSE RISKS:

Gymnastics entail certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity.

WITHOUT A CERTAIN DEGREE OF RISK, GYMNASTICS STUDENTS WOULD NOT IMPROVE THEIR SKILLS, AND THE ENJOYMENT OF THE SPORTS WOULD BE DIMINISHED.

Gymnastics exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from exhibitions, this raises the possibility of any manner of transportation accidents. In any event, if you are injured, you may require medical assistance, at your own expense.

2. I expressly agree and promise to accept and assume all of the risks existed in the activity. My participation in this activity is purely voluntary, no one is forcing me or my child to participate, and we elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify VA from any and all liability, claims and demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with me or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of VA.

4. Should VA, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

5. I CERTIFY THAT I, OR MY CHILD, HAVE HEALTH, ACCIDENT, AND LIABILITY INSURANCE TO COVER ANY BODILY INJURY OR PROPERTY DAMAGE THAT MAY BE CAUSED OR SUFFERED WHILE PARTICIPATING IN THE EVENT, OR ELSE I AGREE TO BEAR THE COSTS OF SUCH INJURY OR DAMAGE TO MYSELF OR MY CHILD.

I further certify that I, or my child, have no medical or physical condition which could interfere with me or my child's safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

6. In consideration of my child, (a minor) being permitted by VA to participate in its' activities and to use its' equipment and facilities, I further agree to indemnify and hold harmless by VA from any and all claims which are brought by, or on behalf of minor, and which are in any way connected with such use or participation by minor.

7. Photo, Video, and Audio Release: Parent/Student agrees that VA or its agents may take photographs of student, or use likeness of student, and make video or audio material of student, lessons, classes, and VA events, which may be used for display, promotions, advertising any other lawful purpose or sold for profit. Parent/Student hereby waives any compensation to which he/she may be otherwise entitled for appearing in such materials.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against VA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this document. I have read and understood it, and agree to be bound by its' term.

X _____

Parent/Guardian Signature

Date: _____/_____/_____