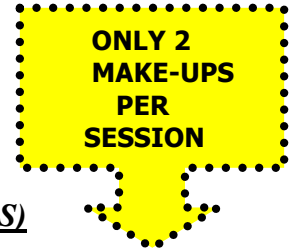




27 ADAMS COURT
PLAINVIEW, NEW YORK 11803
516 576-0001

WWW.HOTSHOTSGYMNASTICS.COM



REGISTRATION CONTRACT

(INCOMPLETE FORMS WILL NOT BE ACCEPTED // BOTH SIDES)

LAST NAME: _____

CHILD'S FIRST NAME: _____ PARENT'S FIRST NAMES: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CHILD'S BIRTH DATE: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

CELLULAR FOR EMERGENCY: _____

DOCTOR'S NAME AND PHONE: _____

PLEASE LIST ANY MEDICAL OR OTHER INFORMATION PERTAINING TO YOUR CHILD'S ABILITY TO PARTICIPATE IN GYMNASTICS;
(HEART CONDITION, ASTHMA, BORONCHITIS, ORTHOPEDIC/BACK/NECK PROBLEMS, ETC.)

I AM AWARE THAT IN ADDITION TO THE USUAL DANGERS AND RISKS INHERENT IN THE SPORT OF GYMNASTICS, CHEERLEADING AND TRAMPOLINE, CERTAIN ADDITIONAL DANGERS AND RISKS ARE PRESENT WHEN USING HOTSHOTS EAST GYMNASTICS, INC. FACILITIES, GYMNASTIC EQUIPMENT AND TRAMPOLINE, INCLUDING, BUT NOT LIMITED TO, THE DANGER AND RISK OF FALLING, LANDING, PERFORMING TRICKS AND COLLIDING WITH OTHER GYMNASTS, STAFF, MEDIA PERSONNEL AND SPECTATORS. BY SIGNING THIS WAIVER, I FREELY ACCEPT AND FULLY ASSUME RESPONSIBILITY FOR ALL SUCH DANGERS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

I HEREBY CERTIFY THAT MY CHILD OR CHILDREN ARE COVERED BY MY OWN MEDICAL INSURANCE, AND THAT I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THE RELEASE OF LIABILITY I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATIONS AND ASSIGNS MAY HAVE AGAINST THE RELEASES. I WILL ABIDE BY ALL SCHOOL POLICIES AND GYMNASTICS RULES.

REGISTRATION POLICY: AT TIME OF REGISTRATION PAYMENT IN FULL IS REQUIRED TO RESERVE YOUR CHILD'S PLACE IN CLASS. **\$75.00 OF THE TUITION IS COMPLETELY NON-REFUNDABLE.**

REGISTRATION/INSURANCE FEE (PAYABLE ONCE A YEAR): **\$30.00**
EVERY PARTICIPANT MUST PAY THIS FEE AT TIME OF REGISTRATION.

REFUND POLICY: \$75 OF THE TUITION IS COMPLETELY NON-REFUNDABLE AT TIME OF REGISTRATION, ABSOLUTELY NO EXCEPTION. EACH GYMNAST HAS **UP UNTIL THE SECOND CLASS** OF THE SEMESTER TO DECIDE IF THEY WISH TO WITHDRAW FROM THE PROGRAM, TUITION LESS \$75.00 WILL BE REIMBURED. **THERE WILL BE ABSOLUTELY NO REFUNDS AFTER THE 2ND CLASS OF THE SEMESTER.**

PARENT'S SIGNATURE

DATE

E-MAIL: _____

CLASS: _____ DAY: _____ TIME: _____

TUITION: _____ **REGISTRATION/INSURANCE FEE \$30.** TOTAL _____

NOTE: _____



Recurring Credit Card Charge Authorization Form

I (we) hereby authorize HOTSHOTS GYMNASTICS to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until HOTSHOTS GYMNASTICS is notified by me (us) in writing at least 30 days in advance to cancel it.

1. For TEAM students: Tuition is due by the first of each month. If payment is not received by the 7th of the month, tuition will be automatically charged to the credit card on file.
2. For RECREATION CLASS students: Tuition is due by the first week of classes. If payment is not received on time, tuition will be automatically charged to the credit card on file.
3. A valid credit card number must be on file each student. This will be used for tuition, meet fees, and any material orders placed (i.e. leos, warm-ups, etc).
4. Credit Cards are not accepted for private lessons.
5. HOTSHOTS GYMNASTICS does not accept bank or debit cards for automatic payments.
6. No partial payments are accepted.
7. There will be a \$25 fee charged to your account for any returned funds or declined Credit Cards.
8. No refunds or credits will be issued for missed sessions.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Student(s) Name - PLEASE PRINT)

(Billing Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / AMEX

Account Number: _____

Expiration Date: _____

CID number: _____

(Signature: Sign and Print)

(Effective Date)

OVER