

Account Information

Last Name (Billing Name) _____ Home Phone _____

Alternate Phone _____ Type (cell phone, beeper, etc) _____

Address _____

City _____ State _____ Zip _____ Subdivision _____

Father's Name _____ Employer _____ Phone _____

Mother's Name _____ Employer _____ Phone _____

Insurance _____

Email _____ (Email address will be used for GGTC only and will not be given out)

Emergency Contact Information (other than parent, in an emergency we would always attempt to contact parents first)

Contact Person _____ Phone # _____ Relationship _____

Student Information

School _____

Student #1 Name _____ Sex _____ Birthdate _____

Student #2 Name _____ Sex _____ Birthdate _____

Student #3 Name _____ Sex _____ Birthdate _____

How did you hear of us ? Student _____ Friend _____ Yellow Pages _____ Drove by _____ Other _____

EACH STUDENT MUST HAVE THEIR OWN INSURANCE IN EFFECT. / It is the policy of Greenville Gymnastics not to refund tuition fees except in the case of relocation, class cancellation or injury/illness (with Doctor's Excuse) / Do not bring or send personal items or jewelry to Greenville Gymnastics. We are not responsible for items lost or stolen. / Students must at all times abide by the safety standards of Greenville Gymnastics. Any abridgement of these standards will be cause for dismissal. / Parent or Guardian is responsible for student up to entrance into the activity area with the Instructor and immediately upon release from the Instructor and exit from the activity area. / Registration Fees are due upon registration and are good until the next August. Registration Fees are NON-REFUNDABLE. / FEES MUST BE PAID IN ACCORDANCE WITH PRINTED FEE SCHEDULE. STUDENTS MAY NOT ATTEND CLASS UNLESS ALL FEES ARE CURRENT.

PHOTOGRAPHY RELEASE - G Force Inc. periodically takes photographs for advertising and promotion use in print and electronic publications. By my signature below permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for G Force Inc.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of the above listed student(s) I hereby consent to the above named person(s) participating in the programs offered by G Force Inc., D/B/A Greenville Gymnastics Training Center. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child(ren) participant(s). I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices including the trampoline.

I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to Greenville Gymnastics Training Center for allowing my child(ren) to use the facilities and equipment at Greenville Gymnastics Training Center, an additional and important part of the consideration due to Greenville Gymnastics is this signed release form.

Therefore, in consideration for allowing my child(ren) to use the Greenville Gymnastics Training Center's equipment and facilities, I hereby forever release G Force Inc., its owners, officers, employees, teachers, and coaches from all liability for any and all damage and injuries suffered by my child(ren) while under the instruction, supervision or control of G Force Inc., D/B/A Greenville Gymnastics Training Center, its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Greenville Gymnastics Training Center. In addition I confirm that my child(ren) have been examined by a physician who has cleared them for unrestricted participation in these activities.

This acknowledgment of risk of waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature _____

Date _____

Printed Name _____

6/2004