

GymTek Academy Registration form

| MOTHER: First | | Last | | | |
|---------------------------|------------------------|----------------------|---------------------|------------------|--|
| FATHER: First | | Last | | | |
| Mother Cell/ | - | text y □n □ | Home/_ | - | |
| Father Cell/ | | text y □n □ | Emergency | | |
| Work/ | Mother Father | Name of Eme | ergency Contact | | |
| BILLING ADDRESS: _ | | | | | |
| City: | | State: | Zip Code: | | |
| E-Mail Address (mom) | : | | | | |
| E-mail Address (dad): | | | | | |
| 1ST CHILD: | | | | | |
| First: | MI: | Last: | | Birthdate: | <u></u> |
| Day | Time | Class | | _Coach | - 8 1913 - 1914 - 8 1914 - 1914 - 1820 |
| 2ND CHILD: | | | | | |
| First: | MI: | Last: | | Birthdate: | // |
| Day | Time | Class | | Coach | |
| 3RD CHILD: | | | | | |
| First: | MI: | Last: | | Birthdate: | |
| Day | Time | Class | | Coach | <u> </u> |
| PLEASE FILL | OUT INSURAN | CE INFORMATIC | ON OR WE CAN CO | DPY CARD FO | R YOU |
| Company/Employer: | | | | | |
| Health Ins. Co.: | | | | | |
| Group Number: | | Health C | Co. Phone #: | | |
| Any intolerance to drugs | | | • | | |
| Any previous illness, con | idition, or injury the | gym's statt should b | e aware or: | | |
| | | | | | |
| | | FRIEND RE | EEDDAI | | |
| If a friend referre | d vou please le | | y can receive their | \$20 Friend Re | ferral CREDIT |
| | . , oa, pioaco io | 2 45 111011 00 1110 | , | Ψ_0 / 1.011d 110 | |
| | | | | Friend who | o referred me |
| | | | | | |

| Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I X, as parent or legal guardian of X, | | | | | |
|--|--|--|--|--|--|
| a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by GymTek Academy LLC. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless GymTek Academy LLC. on whose premises the activities will occur (hereinafter the "Location") the affiliates of GymTek Academy LLC. and the Location, and the respective directors, officers, representatives, members, agents and employees of GymTek Academy LLC., the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its | | | | | |
| contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will. | | | | | |
| Signature of Parent or Legal Guardian: X Date: | | | | | |
| Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize GymTek Academy LLC. to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Gym whether or not the Gym activity actually occurs. | | | | | |
| Appearance Agreement. I understand that GymTek Academy LLC. from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in video or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to GymTek Academy LLC., its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video Minor and to utilize such video and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither GymTek Academy LLC. nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. | | | | | |
| Signature of Parent or Legal Guardian: X Date: | | | | | |
| Monthly tuition is paid in advance for all tuition and is due by the 20th of the preceding month. Paying by this date ensures you the best price for your athlete's tuition and secures their practice time for the following month. Check, E-Check and credit cards are accepted. Athlete's accounts must remain current to be eligible for participation. | | | | | |
| All GymTek members must have a card or e-check on file for AUTO PAY purposes. Your payment will occur automatically on the 20th or 21st of each month. If you want to pay by check, you must have your payment in to the front desk by the 18th of the month to avoid your card being run on the 20th. | | | | | |
| Yes, I understand that I must have a form of AUTO PAY on my account. | | | | | |
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| Please read and initial each line. | | | | | |
| I understand that payment must be made by the 20th of the month to receive the \$10 Early Bird Discount. Tuition is due on the 20th of the month for the upcoming month. (Example: March tuition is due February 20th) All accounts that are unpaid after the 25th will be discontinued. | | | | | |
| I understand that I must notify GymTek Academy and receive confirmation by the 15th of the month to drop my student from his/her class or I will be charged for the next month's tuition. | | | | | |
| I understand that GymTek Academy does not refund monies paid. | | | | | |