



PLANET GYMNASTICS REGISTRATION FORM

PO Box 850602, Mobile, AL 36685. Located at 900 Schillinger Rd. S.

Phone (251)650-0699 Fax (251) 639-0266

Email: Info@PlanetGymnastics.com

Website: www.PlanetGymnastics.com

1. How did you hear about Planet Gymnastics? _____

2. Student's Name _____ Sex _____ Date of Birth ____/____/____

Name of Class _____ Day & time of class _____

Student's Name _____ Sex _____ Date of Birth ____/____/____

Name of Class _____ Day & time of class _____

Student's Name _____ Sex _____ Date of Birth ____/____/____

Name of Class _____ Day & time of class _____

3. Address _____ City _____ State _____ Zip _____

Email _____

Mother/Guardian _____ Home phone _____ Work _____ Cell _____

Father/Guardian _____ Home phone _____ Work _____ Cell _____

Emergency Contact (other than parent) _____ Phone _____

4. Medical Insurance Carrier _____

Allergies _____ Previous injuries/illnesses _____

Known Medical Conditions _____

By signing the liability waiver on the other side, you have authorized Planet Gymnastics Inc. to act on your behalf in any medical emergency. Should it be deemed necessary, which hospital or doctor would you prefer us to take your child to?

Doctor _____ Phone _____ Hospital _____

5. I understand that my tuition will be \$ _____, based upon the classes above. I receive a \$5 discount each time I pay before the 1st day of the session. A late fee of \$10 is applied 10 days after tuition is due. Cancellation fee is \$25. Returned check fee is \$25. Interest will be applied to any outstanding tuition. I agree to pay tuition in full and on time, and will pay any late finance charges. Registration is not complete until I have read and signed the waiver on the other side of this page, and paid the registration fee for each student. Registration is renewable before August 1st each year. I agree to abide by the policies and procedures of Planet Gymnastics and understand that Planet Gymnastics reserves the right to change them at any time.

Person responsible for charges _____ Driver's license number _____

Signed _____ Date _____

PLEASE READ AND SIGN THE WAIVER ON THE OTHER SIDE



PLANET GYMNASTICS LIABILITY WAIVER

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Name(s) of participants _____

Address _____ City _____ State _____ Zip _____

Phone Number (s) _____ Emergency Phone Contact _____

Email _____

WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Planet Gymnastics, the participant hereby releases Planet Gymnastics Inc., its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property, or services of Planet Gymnastics Inc.

The participant at Planet Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, tumbling and trampolining, are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Planet Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is used, the risk cannot be eliminated. Risk can be reduced but never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death. These can occur from landings or falls on the back, neck, or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Planet Gymnastics Inc. against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees which may result from the participants use of or presence upon the property or facilities or services of Planet Gymnastics, including damage to the equipment used by Planet Gymnastics, or lessor's property.

I hereby authorize Planet Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Planet Gymnastics Inc. that I have no physical condition or mental impairment that would be affected by participation in activities of Planet Gymnastics. I permit Planet Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Planet Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Planet Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself, or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

Signature of parent/legal guardian _____ Date _____

Print name of parent/legal guardian _____ Relationship to participant _____

Witness _____ Date _____



PLANET GYMNASTICS
ELECTRONIC BANK DRAFT/CREDIT CARD TRANSFER

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Phone (251) 650-0699 Fax (251) 639-0266
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Parents' Names _____ Home Phone _____

Students' Names _____

Name of Bank _____ Account type: checking _____ or savings _____

Transit/ABA Number _____ Account Number _____

OR Credit Card Company (Visa, MC, AmEx, Disc.) _____

Credit card number _____ 3-digit no. back of card _____ Exp. Date _____

Tuition Amount _____ (To be filled out by Planet office staff)

Session _____ or Monthly (team only) _____

Date to start debit _____

Registration fee: \$40 between July 1st – December 31st _____
\$30 between January 1st – March 31st _____
\$20 between April 1st – June 31st _____ Number of students _____

OR

I have paid my registration fees for this year already _____

***Registration will be renewed on Aug 1st each year, at \$40 per active student, as long as this authorization continues.**

I hereby authorize Planet Gymnastics Inc. to initiate debit entries to my bank account indicated above and the depository named below to debit the same to such account. I understand that the debit will take place on the 5th day of each new session at Planet Gymnastics. If the debit amount should ever change, I will provide new written authorization.

Signature of Customer _____ **Date** _____

ATTACH VOIDED CHECK HERE: