

PATTI DUNNE'S SCHOOL OF GYMNASTICS, INC.
38 PENDLETON DRIVE, HEBRON, CT. TEL. 228-1004

ENROLLMENT FORM

I hereby enroll _____ for classes _____
Last Name First Name Day and Time of Class

I agree to be responsible for payment of tuition for all classes reserved for enrollee up to the ending date of the semester enrolled. *Tuition will be payable before or on the first class of the semester for families registering one child. Monthly installments are available for families registering two or more children, and payment is due before or on the first class of the month. **Tuition payments made after the first class of each month are subject to a \$15.00 late fee.** I understand that my child is enrolled automatically into later semesters unless I notify the office in writing 2 weeks in advance of the start of the new semester.* I understand that there are no refunds of registration fees or tuition paid. In addition, any check returned to the school unpaid by my bank will be subject to a \$20.00 service charge.

I certify I possess and agree to use the following personal insurance to cover any medical emergency that may arise. Insurance Co. _____
Policy/Group No. _____

Signed _____ Parent / Guardian **Date** _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child or ward to enroll and participate as a student at Patti Dunne's School of Gymnastics, Inc., I hereby release and hold harmless the Patti Dunne's School of Gymnastics, Inc. its employees, instructors, agents, directors, officers and volunteers from any and all claims, demands, liability, harm, injury or damage which may result to my child or ward while enrolled as a student of this school, and including all risks connected therewith. I further release the landlords of the facility from any injury which may occur to myself and children while on premises of such property.

I fully understand that my child or ward _____ assumes all the risks in connection with enrolling and participating in the activities of this school. I understand that any activity which involves motion, rotation, height, or inversion may cause accidental injury including death or paralysis.

I further certify that my child or ward has undergone a complete physical examination within the last ____ months and that my child or ward is in good health not suffering from any physical condition or disease which might increase that child or wards risk of injury or accident by participating in the activities of this school.

I have read this release and understand all its terms.

Signed _____ Parent/ Guardian **Date** _____

In order to help us in the instruction of your child, please indicate any physical, emotional, or social impairments or particular challenges which your child may have, such as hyperactivity, fear of heights, exercise induced asthma, hearing difficulties, learning disabilities, etc.

Student's Last Name First Name Date of Birth Age Home Phone Cell Phone

Address City or Town Zip Code Guardian's First Name Guardian's First Name

E-Mail Address

How did you hear about us? (please check) Radio Newspaper Word of Mouth Post Card

I give my permission to utilize gymnastic photos of my child for school promotions & website.

Yes No

Billing Information

You will not receive a bill unless tuition is not received on time. After the first class of the semester or month we will send out invoices with a \$15.00 late fee added in. This fee will not be waived. Please sign below to confirm that you understand our tuition policy.

Signed _____ Parent / Guardian Date _____

**Release of Liability Waiver
(Fill in below for Me & My Shadow Program only)**

Name of child participant: _____

Please provide the names below of any adult parents/participants that you are authorizing to accompany your child in this program. Each of these participants should be fit and able to participate in all program activities. Additionally, *each authorized participant* will be required to sign a Release of All Claims before entering class sessions with your child.

Name of adult parents/participants:

RELEASE OF ALL CLAIMS

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I fully understand that I assume all the risks in connection with enrolling and participating in the activities of this school.

Parent/Participant Signature Date

Parent/Participant Signature Date

Parent/Participant Signature Date

Parent/Participant Signature Date

Parent/Participant Signature Date

Parent/Participant Signature Date