



Family Name _____

Contact #1 First Name _____ Last Name _____ Relationship _____

Home Phone # _____ Cell # _____ Work # _____

Email _____ Drivers Lic. # _____ State _____

Address _____ City _____ ST _____ Zip _____

Contact #2 First Name _____ Last Name _____ Relationship _____

Home Phone # _____ Cell # _____ Work # _____

Email _____ Drivers Lic. # _____ State _____

Address _____ City _____ ST _____ Zip _____

Emergency Contact & Relationship _____ Phone # _____

Insurance Carrier : _____

Student #1 Information: First Name _____ Last Name _____

Student Gender _____ Birth Date _____

Student Email _____

School _____ Grade Level _____

Disabilities _____

Allergies _____

Medications _____

Primary Doctor _____

Class Information #1 :

DAY _____ TIME _____ Class Name _____

Class Information #2 :

DAY _____ TIME _____ Class Name _____

Student #2 Information: First Name _____ Last Name _____

Student Gender _____ Birth Date _____

Student Email _____

School _____ Grade Level _____

Disabilities _____

Allergies _____

Medications _____

Primary Doctor _____

Class Information #1 :

DAY _____ TIME _____ Class Name _____

Class Information #2 :

DAY _____ TIME _____ Class Name _____

REGISTRATION FEE: \$35.00 annually

Refund and Credit Policies

There will be **NO REFUNDS AND NO MAKEUP CLASSES** given. If you drop from the ZGG program you must fill out a DROP FORM (obtained at front office) by the **first** of the month prior to the month you wish to drop, your deposit (last month's tuition) will then be used or if you are on Electronic Payment you will owe for the next month's tuition. **X** _____

Monthly tuition is not pro-rated for holidays, some months have five classes per month instead of four; this evens out over the year. **X** _____

Tuition Policies

Your tuition holds your child's place in his/her class. **If the tuition is 15 days overdue, the deposit will be used, and you will have to repay a deposit + \$25 LATE FEE to maintain your child's spot.** I understand all information & options. **X** _____

If you are on EP and your card is declined/ or insufficient funds, Zero Gravity has the right to charge your checking or Credit Card on file. **X** _____

If you wish to drop your class, a **DROP FORM MUST BE SUBMITTED, IN PERSON (obtained at the front office) by the FIRST of the month prior to the month you wish to drop.** **X** _____

All customers who pay via auto draft (cc/debit/checking) will incur a \$3.00 transaction fee each time their payment is declined. **X** _____

All auto draft customers must have a voided check and credit card on file (2 forms of payment). If you are unable/unwilling to provide 2 forms of payment, a last month's tuition deposit will be required. **X** _____

Closed Holidays

The following are events/holidays that we will be closed: Halloween, Thanksgiving Break, (Christmas/New Years Break), Spring Break, Memorial Day, Fourth of July (July 4th), Labor Day weekend. **X** _____

PHOTO RELEASE

I give consent for any pictures taken of my child involved in Zero Gravity Gymnastics and Cheer programs to be used for future Zero Gravity Gymnastics and Cheer promotions or display and on our website.

Parent/Guardian Signature _____ Date _____



Class Payment Form

Student's Name _____ Today's Date _____

Billing Name: First _____ Middle Initial _____ Last Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Please initial monthly tuition option.

_____ (initial) Option 1. Electronic Payment. (Checking)
Your monthly tuition will be drafted on the FIRST of the month.

_____ (initial) Option 2. Electronic Payment. (Credit/Debit Card)
Your monthly tuition will be debited on the FIRST of the month.

_____ (initial) Option 3. Pay monthly, plus a deposit equal to 1 month tuition. No electronic payment. If your payment is not Received by the 5th of the month you will be expected to pay a **\$25 late fee.**

If payment is not received by the 5th of the month, I _____ agree to pay a \$25 late fee. **X** _____

If a Draft/debit is returned unpaid, Zero Gravity Gymnastics may debit returned item fees, as posted from my account in the same manner with a \$30 **NSF** Fee. **X** _____

- To drop a class you must submit a DROP FORM (obtained from the front office), IN PERSON by the 1st of prior to the month that you wish to drop. **X** _____
- If your account is 15 days past due, Zero Gravity Unlimited has the right to charge my credit/debit/checking account for my monthly tuition plus any late fees. **X** _____
- All auto-draft customers must have 2 forms of payment on file (voided check & credit card). **X** _____
- All customers unable to provide 2 forms of payment will be required to pay a last month's deposit. **X** _____
- All customers who pay via auto draft (cc/debit/checking) will incur a \$3.00 transaction fee each time their payment is declined. **X** _____

If you sign up for electronic payment---Students pay Registration + First month tuition.
If you elect not to sign up for electronic payment---Students pay Registration + First Month tuition + Last month tuition. Last month tuition is used as a deposit. Payment option forms are required to be filled out during registration.

When students decide to take a break or leave the class, a DROP FORM must be filled out (obtained at front office). Registration is non-refundable. Tuition is due on the 1st of each month.

Parent/Guardian Signature _____ DATE _____



Payment Form Continued

CHECKING ACCOUNT DRAFT

I authorize Zero Gravity Gymnastics and the financial institution, American Bank of Commerce, to initiate monthly Electronic Payment from my checking/savings account on the first of each month, in the amount of _____.

Complete below if Electronic Payment is to be withdrawn from Bank Checking Account :

CHECKING ACCOUNT AUTOMATIC DEBIT

Bank Name _____ Bank Account Type _____

Bank Routing # _____ (bottom left of the check) Bank Account # _____

Name on Account _____

Electronic Payment will take effect the following month.

If the debit is returned unpaid, Zero Gravity Gymnastics and Cheer may debit returned item fees, as posted, from your account in the same manner with a \$30 NSF Fee.

SIGNATURE

DATE

Complete below if Electronic Payment is withdrawn from Credit / Debit Card:

CREDIT CARD AUTOMATIC DEBIT

I authorize Zero Gravity Gymnastics and Cheer to initiate monthly debit charges to my provided credit card, in the amount of _____.

Credit Card Type _____ Name on Credit Card _____

Credit Card # _____ Expiration Date _____ CVS # _____

Electronic Payment will take effect the following month.

If the debit is returned unpaid, Zero Gravity Gymnastics and Cheer may debit returned item fees, as posted, from your account in the same manner with a \$30 NSF Fee.

SIGNATURE

DATE



Please use the following waiver:

When you have any participant that is a **MINOR**

**(Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have parental consent portion signed by the Parent and /or Legal Guardian. This waiver, when the parent gives parental consent for the moor, does NOT cover the parent if something should happen to the parent. This waiver only covers the minor. If the parent decides to participate in the same activity as the minor please Make sure the Parent also signs the other waiver in addition to this waiver.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the Zero Gravity Unlimited, Inc., I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Zero Gravity Unlimited, Inc., it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behave, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given substantial rights by signing it and have signed it freely and without any inducement by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date _____
Printed Name of Participant

Signature of Parent/or Legal Guardian

PARENTAL CONSENT
AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge covenant not to sue and AGEE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I the minor, or anyone on the minor's behave makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damages, or cost any Releasee may incur as the result of any such claim.

_____ Date _____
Print name of Parent/or Legal Guardian

_____ Phone # _____
Signature of Parent/or Legal Guardian



If the *Parent decides to participate in the same activity as the minor please make sure the **Parents also signs this waiver in addition to the minor waiver.** Also use for Birthday Parties, Parent and Tot, Open Gym, Sleepovers and special events. (Basically any Adult Participant Activity)

*Parent or Legal Guardian or sibling or Caregiver or Adult Participant

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I fully understand that this Activity involves risks of serious bodily injury, including permanent disability and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Zero Gravity Unlimited, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the “RELEASEES” herein) from all liability claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, make a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damages, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect.

Print Name of Participant

Date: _____

Signature of Participant