



Eastside Gymnastics Academy

15000 Woodinville-Redmond Rd NE, Suite 200, Woodinville, WA 98072

425.486.7429

Information Card

Child's Information:

First Name: _____

Last Name: _____

Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____

Parent/Guardian Information:

Parent E-mail: _____

Mother's Name : _____

Cell/Work Ph: _____

Father's Name: _____

Cell/Work Ph: _____

Medical Notes/Comments:

Tuition: I understand that tuition is due the first week of a session and a \$10 late fee will be applied to all overdue balances. **Initials:** _____

Photo Release: I understand that photographs & video may be taken throughout our enrollment at EGA. I give permission for any and all sources to be used for internet & print advertisement/promotion.
_____ Yes _____ No **Initials:** _____

Waiver and Release:

General: This is signed in consideration of allowing the above named student to enroll in a gymnastics program and for appropriate use of the premises of Eastside Gymnastics Academy. The undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student release and hold harmless Eastside Gymnastics Academy, it's owners, officers, and employees of and from any and all liability, claims, actions, and causes of actions whatsoever, arising out of or relating to any loss, damage, or injury, that may be sustained by the student while in, on, or upon the premises for Eastside Gymnastics Academy.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Eastside Gymnastics Academy, acting for themselves and the student, hereby elect voluntarily to enter upon the said premises under the control of said corporation, knowing the present condition. The undersigned, acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical/dental or any other emergency attention/care in which the Legal Guardians cannot be notified in a reasonable time through reasonable means, the undersigned hereby authorizes Eastside Gymnastics Academy to take all necessary actions as it relates to immediate medical/training attention, transportation, and emergency medical services as warranted in the course of care of the undersigned student. The undersigned is aware that they will be responsible for all fees and expense as they may relate to this medical attention paragraph.

Waiver and Release: I, _____, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics program. I further agree that Eastside Gymnastics Academy along with it's employees, agents, officers, and directors, shall not be liable for any losses, expenses, or damages occurring as a result of participation in the program and/or activities. Or event except where such loss or damage is the result or the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgment: This release shall be binding upon distributes, heirs, next of kin, executors, and administrators of the student and the undersigned.

In signing this release, the undersigned hereby acknowledges:

- a. That he or she has read this release, understands it, and signs it voluntarily
- b. That the undersigned signing as legal guardian is truly a legal guardian.

Termination Notice: I, _____, agree to give two weeks written notice prior to the first day of the session I intend to withdraw from. I understand that I will be responsible for payment for that month if two weeks written notice is not given. This is also true for sessions pre-paid: If two weeks written notice is not given, I am aware and appreciate that a refund for the paid classes will not be granted. This includes, but is not limited to, the event in which the participant is absent for part of or an entire session.

Date: ____/____/____

Parent/Guardian Name: _____

Signature: _____