



NOVA GYMNASTICS

Registration Form & Student Record

Ph: 954-476-3154 - Fax: 954-476-3835

2280 SW 71st Terr., Davie, FL 33317

Please complete ALL information requested below & Sign below & on the reverse side.
We attempt to keep a complete record on all students registered at Nova.

Student Name: _____ Age/Birth Date: ____/____/____ Boy/Girl: _____

School Attending: _____ School Grade: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____-____ E-Mail Address: _____

Mom Mobile: (____) ____-____-____ Mom Work: (____) ____-____-____

Dad Mobile: (____) ____-____-____ Dad Work: (____) ____-____-____

Medical Conditions that Would

Prevent Participation:

People Authorized to

Pick-up Your Child:

- PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE
- NO CREDITS & NO REFUNDS FOR UNUSED SERVICES.
- PLEASE DO NOT SEND SICK CHILDREN TO THE GYM.

Trial Class Date: _____ **Trial Class Time:** _____

Please indicate the time and class type requested from the attached schedule if this form is completed for reasons other than a trial class:

Class Type: _____

Class Day/Days: _____

Class Time/Times: _____

\$ _____ Total COST (Including Registration Fee \$50)

\$ _____ Payment Amount Today: \$ _____ Date: _____ Check #: _____ Cash: _____

Credit Card: **V/MC** A/C #: _____ - _____ - _____ Expiration: ____/____/____ CID: _____ Zip: _____

Parent Signature: _____ Date: ____/____/____

Nova Gymnastics (“Nova”) - Parent Agreement Policies and Procedures and Release of Liability

- 1) All students **MUST** be properly attired in gymnastics clothing.
- 2) Make-up classes are allowed **ONLY** in a current session. Classes not made up in the current session are forfeited. They cannot be transferred to the next session. This Policy Does Not Apply for CAMP.
- 3) Split and late payments will incur a surcharge. Returned Checks and Payments will incur a \$25 Surcharge.
- 4) Absolutely no chewing gum, beverages, food or jewelry are allowed in the gym.
- 5) No unregistered parents or children are allowed in the designated gym area.
- 6) Undisciplined or misbehaved students will be dismissed from the gym for safety reasons.
- 7) Parents are prohibited from talking to students or give instructions from the waiting area. All comments are to be passed through the front office.
- 8) **THERE WILL BE NO REFUNDS FOR ANY UNUSED SERVICES.** Make up classes allowed only in current session. If for some reason you need to drop during the middle of a session, we will be glad to give you a credit for the remaining classes. This credit is good for six months and can be used towards a future session. **WE PLAN AND PROVIDE A PLACE FOR YOUR CHILD IN CLASS; THEREFORE, WE CAN NOT CREDIT YOU FOR CLASSES THAT WERE MISSED PRIOR TO YOUR DECISION TO DROP THE CLASS!**
- 9) All students must have a current, paid up, annual registration and insurance fee to participate.
- 10) Deposit for all team and aftercare students is ½ month tuition.
- 11) **PHOTO RELEASE.** I hereby give Nova Gymnastics, LLC permission to take photographs of my child or in which my child may be involved with others. I hereby consent that the photographs of my child may be used by Nova for promotional purposes, including use on the website and advertisements. Furthermore, I hereby consent that such photographs shall be the property of Nova. I hereby release and discharge Nova Gymnastics from any and all claims arising out of use of the photos, or any rights that I or the minor may have. I am of full age, and am able to contract for the minor and fully understand its contents.
- 12) **PARK RELEASE** I hereby give Nova Gymnastics and their staff permission to take my child to West Griffin Park located next to Nova Gymnastics.
- 13) **EMERGENCY INFORMATION.** Parent Gives Permission to have student medically treated in an emergency if unable to reach Parent/Guardian.
- 14) **AUTHORIZATION FOR TREATMENT.** My Child does not have any Medical Conditions that prevent my child from engaging in gymnastics. The person(s) herein described (my child(ren)) has (have) permission to engage in all prescribed activities as noted. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would affect the student(s) participation in the Nova Gymnastics Program. I hereby give my permission to the medical personnel selected by the Nova Gymnastics Staff to order X-rays, treatments, and release of any records necessary for insurance purposes and to provide or arrange any transportation for my child in the event I cannot be reached in an emergency and a reasonable effort has been made. I hereby give my permission to the physician selected by the Nova Gymnastics Staff to secure and administer treatment, including hospitalization, for the above named person.
- 15) **INFORMED CONSENT.** All activities offered at Nova Gymnastics (including, but not limited to, sports, events, field trips, swimming, water slide, park, acrobatics, circus, gymnastics, tumbling, after-care, transportation, camps, martial arts, or any other activities or events offered by and/or at Nova Gymnastics) shall hereby be referred to and included in the term “GYMNASTICS” GYMNASTICS requires substantial amounts of energy and difficult body movements. Any student with health concerns or questions regarding his or her ability should contact a physician prior to enrolling. I hereby give permission for my child(ren) to participate in GYMNASTICS. My child(ren) is aware that GYMNASTICS is a potentially hazardous activity, which involves motion, rotation and height. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. All risks to my child(ren) are known and understood by me and I hereby waive and release Nova Gymnastics and their executives and staff from any and all liability for any injuries or illnesses while participating in GYMNASTICS. I understand that all medical expenses, which are incurred, are the responsibility of the student(s) or the student’s family. Any claims of whatsoever nature against Nova Gymnastics, LLC shall be limited solely to a refund of any amounts paid to Nova Gymnastics by the Claimant.

I HAVE READ AND UNDERSTAND THE POLICIES OF NOVA GYMNASTICS AND I AGREE TO COMPLY AND BE BOUND BY THESE POLICIES.

Parent Signature: _____

Date: __/__/_____

Parent Printed Name: _____