**Nasser Gymnastics & Cheerleading Enrollment Form**

***Inspire Dreams. Motivate Champions***

♦ 3055 OLD SHELL RD. ♦ MOBILE, AL 36607 ♦ PHONE (251) 479-9311 ♦

♦ www.nassergym.net ♦ EMAIL: nassergym@yahoo.com ♦

**STUDENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_ Age & Gender\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_ Age & Gender\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_ Age & Gender\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special needs of which we should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING INFORMATION**

Mr. Ms. M/M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been enrolled at Nasser Gymnastics? Yes \_\_\_\_ No \_\_\_\_\_

If possible, please group with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your top two choices for classes 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Day, Time, and Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Amt. Paid: \_\_\_\_\_\_\_\_\_\_ Tuition Amt. Paid: \_\_\_\_\_\_\_\_\_\_ Total Amt. Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed Policies? \_\_\_\_\_\_\_ Waiver Signed & Initialed? \_\_\_\_\_\_\_\_ Charge/Cash/Check # \_\_\_\_\_\_\_\_\_

Monthly Tuition: \_\_\_\_\_\_\_ Card \_\_\_\_\_\_\_\_\_ Rolls \_\_\_\_\_\_\_\_\_\_\_ MailChimp \_\_\_\_\_\_\_\_ FB \_\_\_\_\_\_\_\_\_\_

**RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

In consideration of being permitted to participate in any way in any activities of Nasser Gymnastics Academy, Inc. (“NGA”) at any time during the calendar year, for myself, my personal representative, assigns, heirs, and next of kin:

1. Acknowledge, agree and represent that I/the participant fully understand the nature of participating in activities of (“NGA”) activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activities.
2. Fully understand that: (a) any activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (“risks”); (b) these Risks and dangers may be caused on my own action or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities take place, or the negligence of the releases named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; (d) the sudden and unforeseen malfunctioning of any equipment; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.
3. I hereby release, discharge, and covenant not to sue, NGA, it’s administrators, directors, agents, oﬃcers, members, independent contractors, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one 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 I further agree that if, despite this release, waiver of liability, assumption of risk, & indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost, which may be incurred as the result of such claim.

I Hereby authorize and give my consent to NGA including any of its instructors to provide emergency medical care and to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above named student in the event of any emergency either on the premises of NGA or during the course of any sports event involving the student as a NGA participant. As Parent/Legal Guardian, I agree to provide health insurance for the minor child(ren) and/or guarantee payment of any and all medical expenses incurred as a result of training, performing, or participation in activities at NGA. All medical expenses incurred will be the responsibility of the participant or participant’s family. I understand that it is my responsibility to inform NGA if my child(ren)’s medical condition changes during the course of enrollment at NGA.

By signing this, I understand that even though I am not taking lessons and will not be on the equipment I or other guests may be injured being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at NGA. This also includes outside the building in the parking lot and all surrounding areas.

Without compensation to me or the student, I hereby grant NGA & its affiliates the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos of the minor for use through reasonable promotion of gymnastics and sports conducted by NGA. I hereby waive any right that I or the minor may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate for use of the minor or student.

I understand that my tuition will be $\_\_\_\_\_\_\_. If your check is returned, BB&T bank will electronically debit your account for the amount of the check plus a processing fee of $30. Interest will be applied to any outstanding tuition. I agree to settle my account with NGA for all fees incurred. Should I fail to cooperate, I understand a third party will be involved to settle or collect on my account. Should third party involvement arise, I agree to pay all attorney fees, court costs, and additional fees associated with the collection of my account. I agree to abide by the policies and procedures of NGA and understand that NGA reserves the right to change them at any time**. I agree to pay tuition in full and on time, and will pay any late charges. I agree to provide a 30-day, written notice prior to withdrawal.**

I have read this agreement, fully understand it’s terms, 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.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NASSER GYMNASTICS ACADEMY, INC. POLICIES AND PROCEDURES**

* Parents are responsible for the behavior and safety of their child(ren) while on the premises of NGA, including but not limited to bathrooms, waiting areas, parking lots, etc.
* Children should not be dropped off more than 5 minutes prior to the beginning of class and should be picked up immediately when the class ends. A late pick up fee may be charged. Children must *NEVER* be left unattended in the facility.
* Children not participating in class must sit with their parents during class time in the designated areas. They are not allowed to roam freely through the gym facility at any time.
* Children may not play on equipment and should not be left unattended in any of the gym areas at any time.
* ***FULL*** tuition is due by the first of the month. Classes cannot be guaranteed if full payment has not been received by his/her second class of the month. Should tuition payment remain in default by his/her third class of the month, he/she will lose his/her place in the class.
* ***NO CREDIT IS GIVEN FOR MISSED CLASSES*.** Make-up classes are not guaranteed, however, if requested ***prior*** to a missed class, office personnel may be able to schedule a makeup during open gym. Make-upclasses are subject to the availability of class times and spaces and ***cannot*** be rescheduled. If you miss a make-up class, we will not schedule another one. ***ONE*** make up class will be given per session. Classes must be made up within 30 days andwill not be carried over. ***Tuition will not be prorated for missed classes*.**

\_\_\_\_\_\_ **I FULLY AGREE TO THE TERMS OF NGA HANDBOOK.**

(initials)

**THE SECTION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN FOR ANY PARTICIPANT UNDER THE AGE OF 18.**

**Minor Release for activities at Nasser Gymnastics Academy, Inc.:**

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities at Nasser Gymnastics Academy, Inc. (“NGA”) and the Minor’s experience and capabilities and believe the minor to be qualiﬁed, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasee’s 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 behalf 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, damage, or any that may occur as a result of any such claim.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Street) (City) (State) (Zip)*

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Primary Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Subscriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber’s relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



Nasser Gymnastics Academy, Inc.

ACH Authorization Form

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE STATE: \_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from parent’s name)

TYPE OF CARD: Visa MasterCard AMEX

CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT TO BE DEBITED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT PLAN: RECURRING NON-RECURRING

I hereby authorize Nasser Gymnastics Academy, Inc. (“NGA”) to withdraw fees directly from my account on or after the 1st of every month.

This authorization is to remain in full force until NGA has received and acknowledged notification or written notice to the address listed above. Discontinuance form must be received by the 15th of the prior month.

NGA shall incur no liability if the balance in the bank account of the member is insufficient to cover the draft or for any reason was not collectible. Any charges relating will be charged to my account.

I understand that it is my responsibility to notify NGA immediately in writing should I change my account or financial institution. All transactions with your account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_