

# Encore Gym Registration

## Student Info

First \_\_\_\_\_ Last \_\_\_\_\_ M F Age \_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Please list any disabilities, allergies, medication, or special needs: \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ M F Age \_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Please list any disabilities, allergies, medication, or special needs: \_\_\_\_\_

## Parent/Legal guardian Info

#1 First \_\_\_\_\_ Last \_\_\_\_\_ Relation (to child) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\*\*\* \_\_\_\_\_ Initial here to Opt in to receive texts such as closure alerts, etc.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ (For billing notifications, we do not share)

#2 (required) First \_\_\_\_\_ Last \_\_\_\_\_ Relation (to child) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\*\*\* \_\_\_\_\_ Initial here to Opt in to receive texts such as closure alerts, etc.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ (For billing notifications, we do not share)

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

If neither of the above contacts can be reached, in an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation (to child) \_\_\_\_\_

Encore never shares, sells, rents, or in any way distributes clientele information given to us.

## Policies

### Drop Notice

If you are not going to continue with classes you must submit a Drop Notice form by the 24th of the month in order to remove your child from the class and off of our AUTOPAY system before the next month's tuition is debited. Drop Notices may be obtained at the front desk as well as online. Any outstanding balance must be paid in full at time of submission of drop notice.

### Make-ups

Make-up classes will only be applied for classes missed that have been called in by 9am the morning of the class.

### Safety

Parents and students are responsible for reading and following posted safety rules in the gym and parking lot.

**Please Sign Waiver on Other Side**



## Acknowledgement of Risk and Waiver of Liability

As legal guardian for the student(s) listed on this form, I consent to their participation in the Encore Inc. program. I realize the potential for injuries, including permanent paralysis or death, when participating in any activity involving motion and height. I understand that it is the intent of Encore Inc. to provide for the safety and protection of all students including my child, and injuries may still occur. I understand the students are not allowed in the activity area without an instructor. In consideration for my child being allowed to use Encore Inc. facilities, I hereby forever release Encore Inc. and its employees from all liability and for all damages and injuries occurring under the instruction and supervision of Encore Inc. I understand that it is my responsibility to ensure the safety of my child in the parking lot. As legal guardian, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of injury sustained while training at or performing for Encore Inc. In the event of illness or injury, I give my permission to the Encore Inc. staff trained in First Aid, as well as medical professionals, to administer emergency medical treatment to my child. I understand that Encore Inc. may take pictures/video of me and/or my child for use with their marketing and website (no names are attached to images without parent approval).

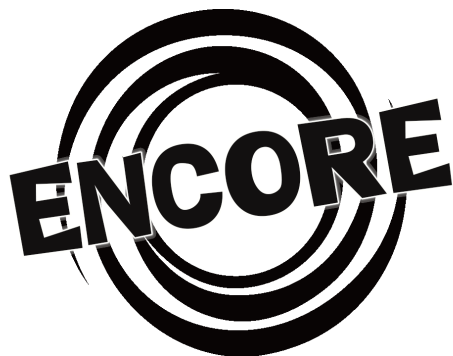
I have read and understand the Payments, Policies, Policies, Acknowledgement of Risk and Liability of Waiver sections, and I agree to the terms as written.

Signature of Parent or Legal Guardian

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you first learn about Encore?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Website: EncoreGym.com | <input type="checkbox"/> School _____      | <input type="checkbox"/> Visions _____  |
| <input type="checkbox"/> Friend _____           | <input type="checkbox"/> Fund Raiser _____ | <input type="checkbox"/> Magazine _____ |
| <input type="checkbox"/> Birthday Party _____   | <input type="checkbox"/> Drive-by _____    | <input type="checkbox"/> Other _____    |



**Thank you for choosing**

**Encore Gymnastics, Dance, Climbing and Parties**

2636 Shadelands Dr. Walnut Creek, CA 94598

(925) 932-1033 EncoreGym.com