



KGA Registration & Waiver Form For New Students

Fill out both sides of this form. See back side for registration method options.

(PLEASE PRINT)

Gymnast's Name _____ Age _____ Sex _____ Cell Ph _____

Address _____ City/State/Zip _____

Parent's Name _____ Work ph _____ Home Ph _____

Email address _____

(We use email to send out updates, closed-gym info and to send next-session information. We do NOT sell/share them)

Gymnast's Birth date _____ Check *if applicable*: Sibling of a current student

How did you hear about us? Friend: _____ Radio Ad Yellow Pages

Flyer Web search Newspaper Postcard Kauai Family Magazine Other print ad

Please

Fill out BOTH sides of this form

Read and Sign the Consent & Waiver Agreement (below)

No payment is due until you check with your keiki after their first class. If they like it, payment will be due.

CONSENT AND WAIVER AGREEMENT:

I give my permission for my child to participate in gymnastics classes at *Kauai Gymnastics Academy*. I understand that gymnastics is in itself inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I will support and abide by the gym rules and policies posted in the gym. The above named student has had a medical examination with the last 12 months and is physically, mentally and emotionally capable of participating in the sport of gymnastics.

I understand that students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at KGA. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize KGA staff to administer first aid and/or authorize medical treatment from any licensed hospital, physician and/or medical personnel for my or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I agree to waive and relinquish all claims I or my minor child may have as a result of participating in the program against Kauai Gymnastics Academy, against their agents, servants, or employees.

I do hereby fully release and discharge the Kauai Gymnastics Academy, Inc., their officers, agents, servants, and employees from any and all claims from injuries, (including death), damages and losses sustained by me or my minor child arising out of or in any way associated with the activities of the program.

I will register carefully, because I understand there is a limited refund policy. I know that there is a \$15 charge for returned checks. I will support and abide by the gym rules and policies posted in the gym.

I also acknowledge that photos may be taken during classes & I give permission for KGA to use photos that include my child on the KGA website and/or ads for promotional purposes only. **(Cross this out if permission is NOT given.)**

Parent or Guardian Signature

Date

Alternate contact if parent/guardian can't be reached: Name _____ Ph _____

Health Information

Gymnast's Name _____ Age _____ Cell Phone _____

Health History:

Any previous injuries, surgeries or medical problems? No Yes, explain:

Any current injuries or medical problems? No Yes, explain:

Current Medications and dosage and any allergies to medicines? No Yes, explain:

Any physical or mental limitations? No Yes, explain:

Please list any other information pertinent to your child's health and well being.

CLASS SELECTION

Students should register for the current age/level group, unless advised otherwise by a Coach. If there is any question, just ask!

For class/team dates and fees, please refer to the Current Schedule.

SESSION / CLASS / LEVEL	DAY	TIME	FEE DUE

HOW TO PAY

- > Check (to KGA)
- > MC/VISA/Discover/AMEX
- > Cash

WAYS TO REGISTER

- > Mail
- > Fax – 822-7937
- > In-Person
(during gym hours)

PLUS - REGISTRATION FEE @ \$40/family (One-time fee per family / non-refundable)	+	\$40
SUB-TOTAL	=	
MINUS 10% off cost of 2 nd FAMILY MEMBER'S CLASS	--	
MINUS 10% OFF 2 ND CLASS a WEEK/same student	--	
TOTAL ENCLOSED	=	

For Office Use Only

Amount Due: _____

Amount Paid: _____

Check #: _____ DT _____

Balance Due/Credit: _____

Deposit Date: _____

We accept VISA/MASTERCARD/DISCOVER/AMEX.
 Pay after your keiki tries the first class.

Mahalo!

Location: 4224 Hanahao Place, Puhi Industrial Park, Lihue
 808-245-8863(gym) 808-634-8697(cell) 808-822-7937 (fax)
 gym@kauaigymnastics.com

MAILING ADDRESS: 6134 Kala Kea Place #4, Kapaa, HI 96746