



**Welcome To  
Leading Edge Gymnastics Academy!  
1500 Industry St. Ste. 300  
Everett, WA 98203  
(425) 407-1480**

Please read these enrollment forms carefully. It is important that you understand and agree with all the following policies before you enroll your child. Then, fill in and answer all the blank questions, making sure all pages are signed and dated in the appropriate spaces. If you have any questions, please feel free to ask!

**Policies and Procedures**

**REGISTRATION**

A yearly **non-refundable** membership fee of **\$40.00** is required the day a student is enrolled. After (12) consecutive months (on the anniversary date of enrollment) you will receive a notice advising that your annual membership fee is due.

**TUITION**

1. Tuition is based on a consecutive four week session. Tuition will be prorated for holiday closures. An extra day may be substituted for inclement weather days.
2. Tuition is **non-refundable and non-transferable** once paid. All payments made are considered final.
3. Tuition is due 1 (one) month in advance and must be paid on or before the 20th of each month. For example February's tuition is due on or before January 20th.
4. **If tuition is paid after the 20th it is considered late and a \$10.00 late fee will apply, in addition, your child's spot in their class can be forfeited. Discounts will not be given if tuition is late. Tuition must be paid on or before the 20<sup>th</sup> to receive discounts.**
5. Current paid students have class priority over non-paid students.
6. All returned checks will be charged a \$30.00 NSF fee.

**ATTIRE**

1. Long hair must be tied back, no bobby pins, barrettes or head bands allowed.
2. NO loose clothing, baggy t-shirts, or jewelry allowed.

Parent's Occupation	City	State	Zip Code
School Child Attends	E-mail	Fathers Name	Mothers Name
How did you hear of us?	Date of Birth	Age	Phone Number
Last Name	First Name	Alt Number	Date
Street Address			

## Policies and Procedures Continued

### FOOD & DRINK

1. No food, drink or gum will be allowed the gymnastics floor or other equipment. (Students should bring a water bottle to class)

### GYM

1. Gymnasts must remain in their designated areas until class begins.
2. Gymnasts are not allowed on the equipment before or after class.
3. Parent and children not involved in classes must stay in the spectator viewing area and parents are asked to refrain from talking to your child while they are in class.
4. Parents are responsible for siblings and guests.
5. Parent intervention of a gymnastic class is prohibited.

### MAKE-UP POLICY

1. Children that arrive 10 minutes or more late will forfeit that lesson and may do a make-up lesson at Open Gym.
2. If a child misses a class due to injury or illness, they are able to do a make up class. **Make-ups are only allowed during Open Gym hours.** Check with the office for these dates and times.

### PHOTOS

1. Leading Edge Gymnastics may take photos of your child to be used for marketing and promotional material and for its website, [www.leadingedgegym.com](http://www.leadingedgegym.com). Please indicate below whether you give Leading Edge permission to use your child's photo.  
 I hereby release all rights to the photos and give Leading Edge permission to use them for the purposes written.  
 I wish to have my child excluded from any and all photo opportunities while at Leading Edge Gymnastics Academy and/or all gymnastics events.

**I have read and understand the above mentioned rules and policies and by my signature below, I agree to be bound by the rules and policies stated. Furthermore, I understand that my child may be held out of class for non-compliance of said rules and policies, including, but not limited to:**

1. Late tuition payment.
2. Late arrival to class (10 or more minutes).
3. Inappropriate attire.
4. Disruptive or bad behavior.
5. Parent intervention of class.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LEADING EDGE GYMNASTICS ACADEMY MEDICAL RELEASE FORM:

PARENT'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

DOCTOR'S PHONE NUMBER: \_\_\_\_\_

**Medical History** Please check any/all that apply:

- |  |  |  |                                   |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Heart Failure       | <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Irregular Heart Beat      | <input type="checkbox"/> Anemia                      | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Breathing Problems  | <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> Broken Bones/Severe Sprains |                                   |
| <input type="checkbox"/> Other _____         |  | If so, what and when: _____                          | _____                             |

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Are there any social and/or behavioral concerns with your child that may affect their performance or that you would like to bring to the coach's attention? (ie. anxiety, ADHD, etc.) \_\_\_\_\_

**I am / am not covered by medical insurance.**

**If so, name of insurance company:** \_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_ **Policy number:** \_\_\_\_\_

I fully understand that LEGA staff are not physicians or medical practitioners. With this in mind, I hereby authorize Leading Edge Gymnastics Academy to render temporary first aid to my child in the event of injury. Furthermore, I authorize any employee of Leading Edge Gymnastic Academy to take my child for medical / surgical attention if needed.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

I \_\_\_\_\_ give the above mentioned people permission  
(Parent Name)  
to pick up my child \_\_\_\_\_ in the event of an emergency  
(Child's Name)  
if I cannot be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** ANY ACTIVITY WHICH INVOLVES JUMPING, SPINNING OR SPINNING MOTIONS CAN RESULT IN POSSIBLE INJURY. I, UNDERSIGNED, AGREE THAT GYMNASTICS IS ONE OF THESE ACTIVITIES AND UNDERSTAND THAT BY ENROLLING MY CHILD, I DO SO AT HIS/HER OWN RISK, ACCEPTING FULL RESPONSIBILITY.

In addition I hereby agree to INDEMNIFY and SAVE and HOLD HARMLESS Leading Edge Gymnastics Academy, the facilities owners, their employees and agents, and each of them, from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or about the Leading Edge Gymnastic Program, for any reasons whatsoever.

By voluntarily signing this form on this, the \_\_\_\_\_ day of \_\_\_\_\_ 2016, I acknowledge that I have read, understand and agree with all the rules and policies listed on and/or in these registration forms and parent handbook.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Auto Credit/Debit Card Agreement

For your convenience we offer automatic billing to your credit/debit card each month. We accept Master Card and Visa only.

Please carefully read the information and sign below. Once complete please detach and turn in this form at the office. We will start billing on your next tuition due date.

I, \_\_\_\_\_ give permission for Leading Edge Gymnastics to charge my credit/debit card for monthly tuition by the 20<sup>th</sup> of each month. I understand that Leading Edge Gymnastics will charge my card on the 18<sup>th</sup>, 19<sup>th</sup>, or 20<sup>th</sup> of each month.

Tuition, as always, is billed 1 (one) month in advance, therefore, I agree that if for any reason I wish to cancel service it is my responsibility to give **written** notice to the office of Leading Edge Gymnastics 2 weeks prior to the 20<sup>th</sup>. I understand that if I have not submitted written notice prior to the 20<sup>th</sup> and my card is billed for the next month's tuition, Leading Edge Gymnastics, as per their policy, **will not** offer a refund.

Child's name(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out below as well

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Card Holder Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_