Encore Gym Registration _____ Student Info First ______ M F Age _____ Birthdate __/__/__ Please list any disabilities, allergies, medication, or special needs: Please list any disabilities, allergies, medication, or special needs: Parent/Guardian Info #1 First Last Relation (to child) Primary Number Home/Cell /Work______ Secondary Number Home/Cell /Work_____ Address City Zip Email (For billing and notification, not shared) #2 (required) First _____ Last____ Relation (to child)_____ Phone Numbers: Home_____ Cell____ Work____ Address ______ City_____ Zip____ Email______ (For billing and notification, not shared) Primary Medical Insurance Company: If neither parent can be reached, in an emergency, please contact: 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 take you out of your 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 will only be given for classes missed that have been called in by 9am the morning of the Make-ups class. If a make-up class is not available you can opt to receive an Absence Ticket once per month in lieu of the make-up. Parents and students must read and follow posted safety rules in the gym and parking lot. Safety How did you first learn about Encore? Website: EncoreGym.com □ School

Please Sign Waiver on Other Side

☐ Fund Raiser_____

□ Drive-by □ Magazine

□ Birthday Party

□ Visions

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 that students are not allowed in the activity areas 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, and that Encore, Inc. assumes responsibility within the premises. 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.

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

Signature of Parent or Legal Guardian

Date	1 1
 Date	//



Thank you for choosing Encore Gymnastics, Dance, and Climbing

999 Bancroft Road, Concord, CA 94518 (925) 932-1033 **EncoreGym.com**