

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 ___/___/___

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Parent/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 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:

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

Safety Parents and students must read and follow **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 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 ____/____/____

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"/> Other_____ |
| <input type="checkbox"/> Birthday Party_____ | <input type="checkbox"/> Drive-by_____ | <input type="checkbox"/> Magazine_____ |



Thank you for choosing
Encore Gymnastics, Dance, and Climbing

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