

Tuition Agreement  
Please choose Option 1 or Option 2

**Option 1**

**YES, please keep my debit/credit card on file!**

- ~I DO authorize LMGSS to retain my debit/credit card information on file confidentially, for said purposes.
- ~I am aware that LMGSS sends monthly statements by email only. To receive a statement, I must provide a current email address on the front side of this form.
- ~I understand that I have the option to make a payment on or before the 25<sup>th</sup> of each month. If I do not make a payment by the 25<sup>th</sup> of the month, LMGSS will use my card on file to make a payment. Charges to credit cards are processed on the 26<sup>th</sup> of the month.
- ~Payment not received on time, or a declined electronic transaction will result in a \$10.00 late fee.
- ~I will receive one email notification if my credit card is declined prior to my child(ren) being dropped from classes.
- ~Late or lack of payment may result in my child(ren) being dropped from classes at LMGSS until the matter is rectified. Additional fees may be incurred.
- ~I have received a copy of the Information for Parents brochure from LMGSS.

Primary Contact: \_\_\_\_\_ Dated \_\_\_\_\_

Cardholder Information: (if other than primary contact)

I DO authorize LMGSS to retain my debit/credit card to use on the above Primary Contacts account. Information will be kept confidential. The primary contact has permission to charge tuition and other expenses to my card.

Name on card (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address of card: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Card Type: Visa Mastercard Discover Last 4 digits of my card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Dated: \_\_\_\_\_

**Option 2**

**No, do not keep my debit/credit card on file!**

- ~I DO NOT authorize LMGSS to retain my debit/credit card information.
- ~I am aware that LMGSS sends monthly statements by email only. To receive a statement, I must provide a current email address on the front side of this form.
- ~I understand that my account must be current and any outstanding balance paid by the 25<sup>th</sup> of each month for the next month.
- ~Failure to pay by the 25<sup>th</sup> of each month will result in a \$10.00 late fee.
- ~Late or lack of payment may result in my child(ren) being dropped from classes at LMGSS until the matter is rectified, additional fees may be incurred.
- ~I have received a copy of the Information for Parents brochure from LMGSS.

Primary Contact: \_\_\_\_\_ Dated \_\_\_\_\_



**Photo Permission**

LMGSS occasionally photographs its activities and participants. LMGSS requests permission to use photos of your child(ren) for advertising, website, photo gallery, promotion and any other lawful purpose whatsoever. Personal information will not be disclosed at any time.

I DO \_\_\_\_\_ or I DO NOT \_\_\_\_\_ authorize LMGSS to use my child(ren) photo for advertising, promotion or any other lawful purpose whatsoever.

Parent, Legal Guardian and Primary Contact

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

# Lone Mountain Gymnastics & Swim School Registration and Medical Release Form

## Contact Information

**Primary Contact:** \_\_\_\_\_

Mailing addr: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Primary phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## Participant Information

**Student Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Medical Conditions: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Medical Conditions: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Medical Conditions: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Medical Conditions: \_\_\_\_\_

## Miscellaneous

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Annual Registration of \$34.00 due month of \_\_\_\_\_

In consideration of participating in any program at Lone Mountain Gymnastics and Swim School, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Lone Mountain Gymnastics and Swim School, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claim's, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY, AND SAVE AND HOLD HARMELSS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNINIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

AND, Lone Mountain Gymnastics and Swim School has permission to render any necessary first aid emergency treatment to my child(ren) while in attendance at Lone Mountain Gymnastics and Swim School, and I hereby consent to any emergency treatment that may be required of my child(ren) by any licensed physician.

Printed names of participants/students \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.

Printed Name of Parent or Legal Guardian and Primary Contact: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

