

MEMBERSHIP REGISTRATION



TELEPHONE NUMBER: () _____ TODAY'S DATE: _____

STUDENT'S NAME: _____ MALE / FEMALE _____
LAST FIRST MIDDLE DATE OF BIRTH (CIRCLE ONE)

ADDRESS: _____
STREET CITY STATE ZIP CODE

E-MAIL ADDRESS: _____
WOULD YOU LIKE TO SIGN-UP FOR AUTO-PAY? YES NO (CIRCLE ONE)

MOTHER'S NAME: _____
LAST FIRST WORK TELEPHONE CELL PHONE

FATHER'S NAME: _____
LAST FIRST WORK TELEPHONE CELL PHONE

EMERGENCY CONTACT: _____
LAST FIRST TELEPHONE NUMBER RELATIONSHIP

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

STUDENT / PARENT

INITIALS _____ I AM AWARE THAT PARTICIPATION IN THE SPORT OF GYMNASTICS AND CHEERLEADING WILL BE A DANGEROUS ACTIVITY INVOLVING **MANY RISKS OF INJURY**. I UNDERSTAND THE DANGERS AND RISKS OF PARTICIPATION INCLUDE, BUT ARE NOT LIMITED TO, DEATH, SERIOUS NECK OR SPINAL INJURY, WHICH MAY RESULT IN PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO ALL INTERNAL ORGANS, INJURY TO ALL BONES, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF MY BODY. I UNDERSTAND THE DANGERS AND RISKS OF PLAYING OR PRACTICING MAY RESULT NOT ONLY IN SERIOUS INJURY, BUT IN SERIOUS IMPAIRMENT OF FUTURE ABILITIES. BECAUSE OF THE DANGERS OF THESE SPORTS, I UNDERSTAND THE IMPORTANCE OF FOLLOWING THE INSTRUCTOR'S DIRECTIONS REGARDING TECHNIQUES, TRAINING, AND OTHER RULES AND AGREE TO OBEY ALL INSTRUCTIONS. IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH THE SPORT OF GYMNASTICS AND CHEERLEADING AND AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH THE PARTICIPATION IN ANY ACTIVITIES RELATED TO THE PROGRAM. THE TERMS HEREOF SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, AND FOR ALL MEMBERS OF MY FAMILY.

PARENT

INITIALS _____ I, AS THE PARENT/LEGAL GUARDIAN, HAVE READ THE ABOVE WARNING AND RELEASE AND UNDERSTAND THE SPORT OF GYMNASTICS AND CHEERLEADING INVOLVES MANY RISKS, INCLUDING BUT NOT LIMITED TO THOSE OUTLINED ABOVE. IN CONSIDERATION FOR SHENANDOAH TUMBLERS, INC. PERMITTING MY CHILD TO PARTICIPATE IN THE PROGRAM, I HEREBY AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY LIABILITY WHICH MAY ARISE IN CONNECTION WITH PARTICIPATION OF MY CHILD IN ACTIVITIES RELATED TO THE PROGRAM. THESE TERMS SERVE AS A RELEASE. I APPROVE THE ADMINISTRATION OF MINOR FIRST AID BY THE SHENANDOAH TUMBLERS, INC. STAFF AND REQUEST THAT THE ABOVE NAMED PARENTS, GUARDIANS OR EMERGENCY CONTACT BE CALLED IN THE EVENT OF INJURY OR ILLNESS. I AUTHORIZE TREATMENT AT THE WINCHESTER MEDICAL CENTER IF DEEMED NECESSARY BY THE SHENANDOAH TUMBLERS, INC. STAFF AND AGREE TO PAY ALL DEBTS ASSOCIATED WITH THIS TREATMENT. I ACCEPT AND UNDERSTAND ALL OF THE INFORMATION SET FORTH ABOVE AND ON THE **GYM POLICY** CONTAINED ON THE BACK OF THIS FORM.

INITIALS _____ I AGREE TO GIVE SHENANDOAH TUMBLERS, INC. A **TWO WEEK WRITTEN NOTICE** SHOULD I DECIDE TO WITHDRAWAL FROM THE PROGRAM. I WILL BE RESPONSIBLE FOR ANY WEEKLY OR MONTHLY PAYMENTS IF PROPER NOTICE IS NOT GIVEN. I WILL ALSO BE RESPONSIBLE FOR ALL COLLECTION FEES FOR ANY UNPAID BALANCES ON MY ACCOUNT.

GYM POLICIES ON BACK >>>>>>>>



SIGNATURE: _____ **PARENT OR LEGAL GUARDIAN** _____ **DATE** _____

MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD'S HEALTH. LIST ANY MEDICATIONS, ALLERGIES OR TREATMENTS THAT PERTAIN:

	YES/NO	DESCRIPTION		YES/NO	DESCRIPTION
HEALTH INSURANCE	YES/NO	_____	HIGH CHOLESTEROL	YES/NO	_____
BROKEN BONES	YES/NO	_____	LEARNING DISORDERS	YES/NO	_____
ORTHOPEDIC	YES/NO	_____	EPILEPSY	YES/NO	_____
PULLED MUSCLES	YES/NO	_____	ASTHMA	YES/NO	_____
DISLOCATIONS	YES/NO	_____	ALLERGIES	YES/NO	_____
PHYSICAL HANDICAPS	YES/NO	_____	GLASSES / CONTACTS	YES/NO	_____
HEART PROBLEMS	YES/NO	_____	HEARING DISORDERS	YES/NO	_____
HIGH BLOOD PRESSURE	YES/NO	_____	OTHER	YES/NO	_____

OFFICE USE ONLY

	\$	+	\$	+	\$	=	\$	
CLASS ID	REGISTRATION FEE		CLASS		OTHER		TOTAL	CHECK # / CREDIT / CASH AMOUNT

1 TIME FREE TRY

MEMBERSHIP REGISTRATION



GYM POLICIES

1. ALL PAYMENTS ARE DUE TO SHENANDOAH TUMBLERS, INC. BY THE 1ST OF THE MONTH. PLEASE MAKE CHECKS PAYABLE TO **SHENANDOAH TUMBLERS, INC.** AND INCLUDE THE STUDENTS NAME ON THE CHECK. **WE DO NOT ACCEPT POST-DATED CHECKS.** WE ALSO ACCEPT CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND DEBIT CARDS OR YOU MAY SIGN-UP FOR OUR AUTO-PAY PROGRAM. PHONE PAYMENTS WILL BE ACCEPTED ONLY WITH A VALID CREDIT CARD.
2. A **\$10.00** LATE FEE WILL BE IMPOSED IF TUITION PAYMENT IS NOT RECEIVED BY THE 7TH OF THE MONTH WHEN IT IS DUE. A SECOND **\$10.00** LATE FEE WILL BE ADDED TO YOUR ACCOUNT IF TUITION PAYMENT STILL REMAINS UNPAID BY THE 14TH OF THE MONTH WHEN IT IS DUE. AFTER THE 21ST OF EACH MONTH ALL UNPAID BALANCES WILL BE REFERRED TO A COLLECTION AGENCY AND ADDITIONAL COLLECTION FEES MAY BE ADDED TO YOUR ACCOUNT. SHENANDOAH TUMBLERS, INC. CANNOT BE RESPONSIBLE FOR TUITION PAYMENTS THAT ARE LATE DUE TO THE U.S. POSTAL SYSTEM. IF PAYMENT IS NOT RECEIVED BY THE 21ST OF THE MONTH SHENANDOAH TUMBLERS, INC. RESERVES THE RIGHT TO **CANCEL YOUR MEMBERSHIP**, SEE POLICY LINE #7 BELOW. ALL ACCOUNTS THAT EXCEED 30 DAYS DELINQUENT, WILL BE BILLED AN ADDITIONAL 5% OF THE TOTAL BALANCE EACH MONTH UNTIL THE ACCOUNT IS PAID IN FULL. PAYMENTS NEED TO BE MADE IN TIMELY MANNER, **NO EXCEPTIONS.**
3. A **\$25.00** SERVICE CHARGE WILL BE IMPOSED ON ALL CHECKS THAT ARE RETURNED FROM OUR BANK FOR NONPAYMENT.
4. THERE IS A **\$30.00** MEMBERSHIP FEE (PER STUDENT) TO ENTER CLASS AND IS RENEWED ONCE A YEAR IN JUNE. (**NO REFUNDS ON MEMBERSHIP FEES WILL BE GIVEN**).
5. A **10%** TUITION FEE DISCOUNT WILL BE GIVEN FOR ADDITIONAL IMMEDIATE FAMILY MEMBERS ENROLLED INTO THE PROGRAM.
6. **NO** CREDITS OR REFUNDS ARE GIVEN FOR CLASSES NOT ATTENDED. MAKE-UP CLASSES WILL BE GIVEN FOR **ILLNESS OR EMERGENCIES ONLY** OR FOR OTHER GYM CANCELLATIONS. MAKE-UP CLASSES MUST BE MADE-UP WITHIN **TWO WEEKS** FROM WHEN THEY WERE CANCELLED. IF YOU MISS YOUR SCHEDULED MAKE-UP CLASS, **NO** OTHER MAKE-UPS WILL BE PERMITTED.
7. **SHENANDOAH TUMBLERS, INC.** RESERVES THE RIGHT TO CANCEL A STUDENT'S MEMBERSHIP IN THE PROGRAM AT ANY TIME WITHOUT CAUSE OR EXPLANATION. WE ALSO RESERVE THE RIGHT TO SCHEDULE ADDITIONAL CLASSES AND ADD OTHER ACTIVITIES AT ANY TIME OR CHANGE/CANCEL CLASSES AS DEEMED NECESSARY WITHOUT WARNING OR EXPLANATION. IN THE EVENT OF A CLASS CANCELLATION WE WILL OFFER A MAKE-UP TIME FOLLOWING THE POLICY LINE #6 ABOVE.
8. PLEASE MAKE SURE YOUR CHILD ARRIVES FOR CLASS ON TIME. **STUDENT'S MUST BE PICKED UP ON TIME** OR THERE WILL BE A SERVICE FEE CHARGED TO YOUR ACCOUNT. (**\$5.00** FOR EVERY 15 MINUTES LATE).
9. **SNOW CLOSING POLICY:** IF FREDERICK COUNTY, VA SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER ALL MORNING CLASSES WILL BE CANCELLED. A MESSAGE WILL BE PLACED ON OUR GYM ANSWERING MACHINE BY 12:00 NOON FOR AFTERNOON CLASSES AND BY 3:00 PM FOR EVENING CLASSES. IF INCLEMENT WEATHER STARTS PRIOR TO YOUR CLASS TIME PLEASE CALL THE GYM AT **540-869-3207** AND CHECK FOR AN UPDATED MESSAGE PRIOR TO COMING. INCLEMENT WEATHER CAN BE VERY UNPREDICTABLE, EVERY EFFORT WILL BE MADE TO HAVE THE MOST UP TO DATE MESSAGE ON OUR MACHINE AT ALL TIMES. MAKE UP CLASSES WILL BE SCHEDULED FOR ALL DAYS MISSED DUE TO INCLEMENT WEATHER.
10. VALUABLE ITEMS SHOULD NOT BE BROUGHT TO THE GYM. SHENANDOAH TUMBLERS, INC. WILL **NOT** BE RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS.
11. SPECTATORS **MUST** REMAIN IN THE OBSERVATION AREA QUIETLY AT ALL TIMES. CHILDREN ARE **NOT** PERMITTED TO PLAY ON OR AROUND THIS AREA AT ANY TIME. AT NO TIME ARE NON-PARTICIPANTS PERMITTED TO ENTER THE GYM WITHOUT PERMISSION. DUE TO THE NATURE OF THE OUTSIDE VEHICLE TRAFFIC, CHILDREN ARE NOT PERMITTED TO PLAY IN THE PARKING AREA. **NO PLAYING** ON THE EQUIPMENT WITHOUT STAFF SUPERVISION.
12. GYM ATTIRE: **GIRLS:** LEOTARDS, FOOTLESS TIGHTS, SHORTS AND T-SHIRTS (**NO SNAPS OR ZIPPERS**). **NO** OVERSIZED CLOTHING. ALL LONG HAIR MUST BE SECURED BACK. **NO** JEWELRY, BARE FEET PREFERRED. **BOYS:** GYM SHORTS AND T-SHIRTS, WARM-UPS. **NO** JEANS OR SHORTS WITH ZIPPERS, BARE FEET PREFERRED.

