



1470 E. 3300 S.  
SLC, UT 84106

(801) 433-0801

www.utahgtc.com

Mother's Full Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact (other than parent) \_\_\_\_\_

Emergency Contacts relationship to student: : \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Information**

1. Student Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Student Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Student Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Student Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about GTC? : \_\_\_\_\_

**Payment Information**

I agree to pay lesson fees at the time of registration. In the event that I am allowed to split my payments , I understand the payment is due on the 1st of each month. A 5 day grace period will be allowed for the split payment to be made. If a payment is late, a **\$25 late fee** will be assessed. I agree to pay for all scheduled classes (if your child is on the roll, he/she is scheduled for classes.) I am responsible for my child's tuition whether they attend class or not.

**(please see back for more info)**

PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM

In consideration of allowing the previously-declared participant to begin participation in Gymnastics Training Center activities, while on the premises and property of said Center, the undersigned, being the legal guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Gymnastics Training Center LLC, its owners, managers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Gymnastics Training Center is conducted, or any premises under the control and supervision of Gymnastics Training Center, its owners, managers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Gymnastics Training Center, its owners, managers, employees, or agents.

ASSUMPTION OF RISK

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said company, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

The company may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release.

In signing this release, the undersigned acknowledges:

- a.) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b.) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participation.

MEDICAL RELEASE FORM

I hereby declare any physical problems or restrictions. I am also listing any known allergies or special conditions of any kind as well as any medications my child take.

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

The undersigned gives permission for the Gymnastics Training Center owners, managers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred in said action.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature if over 18 years of age \_\_\_\_\_

<u>Office use Only</u>	
Registration Date: _____	Registration Fee: _____