



# JAG 2010-2011 Student Information and Release Form

Student's Name \_\_\_\_\_ Female Male Student's Birth date: \_\_\_\_\_  
 Student's School \_\_\_\_\_ Student's Grade in Fall 2010: \_\_\_\_\_  
 Student's Home Phone Number: \_\_\_\_\_ Previous Gymnastics? \_\_\_\_\_  
 Student's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Does your child have any physical/social/emotional issues or allergies: \_\_\_\_\_  
 Please explain: \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
 E-mail (required) \_\_\_\_\_  
 Emergency contact: (other than parents) Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 How did you hear about JAG? (If you were referred, please list the referrer's name here): \_\_\_\_\_

## JAG POLICIES AND PROCEDURES

**Monthly Tuition Policy and Automatic Credit Card Charge:** Tuition at the Josephson Academy of Gymnastics is due monthly on the first of each month. Tuition may be paid before the first of the month by check, cash, Visa or Mastercard. If tuition is not paid by the first, JAG will run the family's "on file" credit card for all current charges. If a working current credit card is not on file, the account will be charged a \$50 fee per student for all unpaid balances after the 5th of the month. To disenroll, JAG requires written notice of intent to be given at least 30 days in advance from the next tuition due date.

I authorize the Josephson Academy of Gymnastics to automatically charge my credit card for any balance due. My credit card will be charged on the First of the month for all current charges. I agree to contact the Josephson Academy of Gymnastics with any concerns, any credit card changes and any credit card expirations at least 7 days before the first of the month to allow time for correction. \_\_\_\_\_ **Signature**

**Make-up Policy:** Tuition pays for your child's spot in class, regardless of attendance. Monthly tuition remains consistent, regardless of the actual number of class days per month. However, as a courtesy, JAG offers makeups to currently enrolled students for any classes that they may miss and for any days that JAG may be closed so long as space permits. Makeups must be completed within the missed month or the month directly following. To schedule a makeup, please contact the front desk. Makeups may not be transferred to another client or used as credit. \_\_\_\_\_ Initial

**Refund Policy:** JAG's 100% money back guarantee is for children who are new to JAG who request the refund in writing within four weeks of registering for classes. The refund is for remaining tuition only and is not transferable. The registration fee is not refundable. JAG makes every effort to maintain instructor consistency; however, from time to time, we may find it necessary to substitute or change to another instructor. JAG reserves the right to cancel any class for any reason. In this case, the client is entitled to transfer the classes or to a refund for the balance of the tuition. \_\_\_\_\_ Initial

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the JOSEPHSON ACADEMY OF GYMNASTICS 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 even 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 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 The Josephson Academy of Gymnastics, 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, claims, 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 further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes 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 occur as the result of such claim. JAG reserves the right to use any video or photographic material for any legal purpose.

Signature of Participant (over 18) or Parent/Legal Guardian (Under 18)

Date

The Josephson Academy of Gymnastics • 8640 Hayden Place • Culver City, CA 90232 or FAX to: (310) 287-9821

For Office use only:

Trial Class: \_\_\_\_\_  
Information Entered into computer: \_\_\_\_\_  
Student Registered for class: \_\_\_\_\_





## JAG 2010-2011 Emergency Contact Information & Medical Release Form

**Gymnast Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Known allergies/medical conditions/medications: \_\_\_\_\_

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**Parent's First & Last Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Parent's First & Last Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Additional Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, \_\_\_\_\_ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I am unable to be reached, I give permission to the emergency care physicians, support personnel and the Josephson Academy of Gymnastics to do what they deem necessary in the best interests of my child.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date