

2015-16

REGISTRATION FORM (2015-2016)

September 8th, 2015 – June 18th, 2016

You are registering your child(ren) through June 18th, 2016

1. First Student _____ M or F _____ Birth Date _____ Age _____ Grade _____

Class Selection _____ Day _____ Time _____

Returning or new member? _____ Kennett or Jennersville Facility? _____

2. Second Student _____ M or F _____ Birth Date _____ Age _____ Grade _____

Class Selection _____ Day _____ Time _____

Returning or new member? _____ Kennett or Jennersville Facility? _____

Parent or Guardian _____

Address _____ City _____

State _____ Zip _____ Phone () _____ Work () _____ Cell () _____

E-Mail Address (REQUIRED): PLEASE PRINT CLEARLY - _____

*Important messages will be sent via E-mail this year.

Emergency Contact Person _____ (Relation) _____ Phone () _____

Alternate Payer _____ (other than parents)

Any Allergies or Medical Conditions _____ First Month's Tuition \$ _____

Date of last physical with a licensed physician _____ Deposit (Last Month) \$ _____

Checks made payable to KMC Inc. Check No. _____ Registration Fee \$ _____

Total Payment** \$ _____

If you wish to have your card charged automatically each month for tuition, please complete the attached Payment Authorization Form.

TO REGISTER – 1. Complete this form in its entirety, INCLUDING ALL SIGNATURES!

2. Mail or deliver registration form to the Gym with your check, money order, or attached payment authorization form**

** Payment must include first and last months' tuition, and the registration fee.

PAYMENT POLICY

- 1. There will be a \$5 Late Charge for payments received 10 days after your scheduled payment. There is a \$25 charge for checks returned for insufficient funds.
2. If you have not paid your child's tuition by the third class of the month he/she will not be permitted to participate in the class.
3. If your child is absent 3 consecutive times without notification, he/she will be dropped from the roster and you will be billed for the complete month.

Club Waiver and Release Form

I fully understand the KMC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the KMC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the KMC staff to call a physician and to seek medical help, including transportation by an ambulance to a health care facility or hospital (specify preferred facility _____.) I hereby authorize and consent to first aid, x-rays, medical or surgical diagnosis or treatment and hospital care.

Parent or Guardian Signature: _____ Date ____/____/____

We, the staff of KMC recognize our obligation to make our students and their parent aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, Cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline and Cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. KMC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by KMC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against KMC and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. Insurance carrier _____ policy # _____

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. KMC will warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date ____/____/____

Do you agree to allow Karen Myers & Co., Inc. to use you/your child's likeness in a photograph taken on our premises in any or all of its publications, including website entries, without payment or any other consideration. Yes _____ No _____

PLEASE SIGN HERE _____

Form must be completed in its entirety-including all signatures - in order for this registration to be processed

PAYMENT AUTHORIZATION FORM

Payment Authorization Agreement– Please keep form attached and return completed form to the Office.

AUTO-BILL. By checking this box, I authorize KMC to charge my assigned account for all services and products related to my enrollment or my family’s enrollment in classes and activities at KMC. I understand that my account will continue to be charged on a monthly basis until I notify KMC otherwise. If my account should be denied, my tuition and/or additional charges will be due by cash or check, upon notice.

ONE-TIME CHARGE. By checking this box, I authorize KMC to charge my assigned account for all services and products related to my enrollment or my family’s enrollment in classes and activities at KMC at the time of registration. My tuition and/or additional charges will be due by cash, check, or credit-card upon notice.

PLEASE PRINT CLEARLY and LEGIBLY EMAIL: (required) _____

CREDIT CARD - MC VISA Number _____ Exp. Date ____/____/____
OR Name on Card _____ CVV2 (3-digit Security Code) _____
Address of card: _____
Cardholder's signature _____

ELECTRONIC FUNDS TRANSFER “EFT” (please attach a voided check with this form)

Name on Bank Acct: _____ Bank Name: _____ checking savings

Account Holder's Signature _____ Date _____

Cards will be charged and bank accounts will be debited on or around the 8th of the month. You will receive an email prior to the charge.

Please keep us updated if you receive a new card or have an updated expiration date.

Please complete and return form to the Office for processing. Thank you.

Rev. 2/15

TO BE
SHREDDDED
AFTER
USE