

BLAZE GYMNASTICS OF SYRACUSE, LLC – REGISTRATION FORM

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN WITH YOUR ANNUAL REGISTRATION FEE OF **\$40** PER STUDENT TO:
 BLAZE GYMNASTICS 709 NORTH MAIN ST. NORTH SYRACUSE, NY 13212 BEFORE CLASS PARTICIPATION BEGINS
 315-452-6704 Blazegymnastics@gmail.com www.blazegymnastics.com

STUDENT INFORMATION ☆☆☆☆☆
PLEASE COMPLETE ALL FIELDS CLEARLY
STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____
SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____
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SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

PARENT / GUARDIAN BILLING INFORMATION ☆☆☆☆☆
PLEASE PRINT CLEARLY
FIRST NAME _____ LAST NAME _____ EMAIL _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____ WORK _____
EMERGENCY CONTACT IF PARENT IS NOT AVAILABLE _____ PHONE _____
<p>TERMS AND CONDITIONS The undersigned, being the parent/legal guardian of the student enrolled with BLAZE Gymnastics does hereby agree to the following: Billing and Payments: Tuition is paid monthly and due on the FIRST DAY OF EACH MONTH. All students will be charged an annual non-refundable registration fee due in September. Terms: You agree to pay all tuition covering classes for which your child is enrolled. No credit will be given for missed classes or nonattendance. Make-up classes may be possible, but must be completed within 30 days and are subject to availability. All customers are required to provide a valid credit or debit card at registration. We offer either automatic payment plans using the credit or debit card on file or alternatively we accept cash or checks (made payable to BLAZE Gymnastics). For customers paying by cash or checks, if payment is not received by the 10th of the month, we will charge the credit or debit card on file the full tuition plus a \$25 late fee. If a check is returned, we will charge the credit or debit card on file the full tuition plus a \$25 returned check fee. Cancellation: Notice of intent to cancel enrollment must be made in writing at least fifteen days prior to the child's final class. If you choose not to notify the office in writing you will be charged for the month following your child's last class. Refunds: No refund will be allowed on prepaid tuition, dues or fees except for the following: CONSUMER'S RIGHT TO CANCELLATION: YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THIS DATE by written notification to: Blaze Gymnastics, 9 North Main Street, North Syracuse, New York 13212 by certified or registered mail.</p>
<p>ADDITIONAL RIGHTS TO CANCELLATION: You may also cancel this contract by providing reasonable proof of any of the following reasons:</p> <ul style="list-style-type: none"> ● If upon a doctor's written order, you cannot physically participate in services offered by the facility because of significant physical disability for a period of six (6) months. Doctor's letter required. ● If you die, your estate shall be relieved of any further obligations for payment under this contract not then due and owing. ● If you move your residence more than twenty-five (25) miles from any Gymnastics Center operated by Blaze Gymnastics. Proof of move required. ● If the services cease to be offered as stated in this contract. ● Monies paid pursuant to the contract canceled for the reasons set forth above will be refunded within fifteen (15) days of receipt of such notice of cancelation except that Blaze Gymnastics may retain expenses incurred for the portion of the total price representing the services used or completed.
<p>Automatic payment enrollment Yes or No NAME ON CARD _____ CARD TYPE (MC,VISA,AMEX,DISC) _____ (credit or debit) CARD NUMBER _____ EXP. DATE ____/____ V-CODE _____ (3 digit)</p>
<p>I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.</p> <p>_____/_____/_____ Parent/Guardian Signature Date</p>



ASSUMPTION OF RISKS: As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving "height or motion". I am fully aware that these "height or motion" activities are inherent to the programs of BLAZE GYMNASTICS OF SYRACUSE, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by BLAZE GYMNASTICS OF SYRACUSE, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables, and cheerleading. In consideration for allowing my child(ren) to participate in the above mentioned programs/activities, I, on the behalf of myself, my child(ren), our respective heirs, administrators, executors, and successors, hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE and AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS BLAZE GYMNASTICS OF SYRACUSE, LLC, its owners, officers, directors, employees or other representatives, whether paid or volunteer, from all liability, claims, demands, losses or damages suffered by my child(ren) while under, the care, instruction or supervision of BLAZE GYMNASTICS OF SYRACUSE, LLC to the extent allowed by law. I am fully aware that it is my responsibility to warn the above mentioned person(s) of the potential dangers inherent to the programs offered by BLAZE GYMNASTICS OF SYRACUSE, LLC, and will do so according to my level of concern. If, at any time, I believe activity conditions are unsafe, I will immediately instruct my child(ren) to discontinue participation in the activity.

PERMISSION TO TREAT: I acknowledge that BLAZE GYMNASTICS OF SYRACUSE, LLC, staff members are not physicians or medical practitioners. I grant permission to BLAZE GYMNASTICS OF SYRACUSE, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including coverage while enrolled at BLAZE GYMNASTICS OF SYRACUSE, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained while participating at BLAZE GYMNASTICS OF SYRACUSE, LLC.

PERMISSION TO USE PHOTOS: I grant permission to BLAZE GYMNASTICS OF SYRACUSE, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of BLAZE GYMNASTICS OF SYRACUSE, LLC.

DISCLAIMER OF LIABILITY AND WARRANTIES

BLAZE GYMNASTICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

LIMITATION OF LIABILITY

IN NO EVENT SHALL BLAZE GYMNASTICS BE LIABLE FOR LOST PROFITS OR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH OUR SERVICES OR THIS AGREEMENT.

**IMPORTANT NOTICE
FOR BLAZE GYMNASTICS OF SYRACUSE, LLC**

New York State law requires certain health clubs to have a bond or other form of financial security to protect members in the event the club closes.

YOU MAY ASK A REPRESENTATIVE OF BLAZE GYMNASTICS OF SYRACUSE, LLC FOR PROOF OF THE CLUB'S COMPLIANCE WITH THIS LAW. YOU MAY ALSO OBTAIN THIS INFORMATION FROM THE NEW YORK STATE DEPARTMENT OF STATE, DIVISION OF LICENSING SERVICES, A.E. SMITH STATE OFFICE BUILDING, 80 SOUTH SWAN STREET, P.O. BOX 22001, ALBANY, NY 12231.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Office use only

Start Date: _____ **Session Cost:** _____
Class Name: _____ **Paid:** _____
Days: M__T__W__TH__F__S_____ **Balance:** _____

Time: _____ Receipt # _____