

Columbia Academy, Inc.
Registration & Liability Release
Gymnastics/Cheerleading
Summer/Fall/Spring 2006-2007

BLOOMSBURG LOCATION

For office use only:

Class/Day/Time _____ Computer _____
Reg. Fee Paid _____ Class Fee Paid _____
Received By _____ Cash _____ Check # _____ Credit Card _____

Today's date _____ Student's Name _____

Home Phone _____ M F Age _____ Birthdate _____

Mother's Full Name _____ Father's Full Name _____

Address _____ City _____, Zip _____

Email _____ Father's Address (if different) _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Father's Employer _____ Father's Work Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Health Insurance Carrier _____

Please declare any physical/mental problems or restrictions and list any special custody situations that would be important for us to be aware of:

In an effort to give appreciation to those who recommend our programs please tell us how you heard about Columbia Academy.

Friend (name) _____ Daycare _____ Newspaper _____ Radio _____

Yellow pages _____ Our Website _____ USA Gymnastics Website _____ Demonstrations _____ Mail _____

Birthday Party _____ Field Trip _____ Friend/Name _____

Other (please specify) _____ Were you a former student at Columbia Academy? _____

Payment Information

There is an annual registration fee due at the time of registration. This fee is based on the length of class and the number of family members registered. **Tuition is due by the first of each month and is based on a four-week month.** If you should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while Columbia Academy is closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. **If accounts are paid after the first of the month there will be a \$15.00 late fee applied to the account balance.** If, however, you need to make different payment arrangements please come to the business office and we'll be happy to work something out. Accounts that become 30 days overdue will be considered for refusal of services unless other arrangements have been made. There is a \$20.00 returned check charge for any checks returned by the bank.

Parent/Guardian Initial _____

PLEASE READ AND SIGN REVERSE

Photo Release Form

I give permission for Columbia Academy, Inc to photograph, film, and/or videotape my child. I understand that these images may be used for advertising purposes.

Parent/Guardian Initial _____

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 medication my child takes.

Parent/Guardian Initial _____

Please read carefully and sign at bottom:

In consideration of allowing the previously-declared participant to begin participation in Columbia Academy activities, while on the premises and property of said Academy, the undersigned, being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Columbia Academy, Inc., its owners, officers, 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 Columbia Academy is conducted, or any premises under the control and supervision of Columbia Academy, Inc., its owners, officers, 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 Columbia Academy, Inc., its owners, officers, agents, or employees.

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 corporation, 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 corporation 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 participant.

The undersigned gives permission for the Columbia Academy, Inc. owners, officers, 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 by said action.

Parent/Guardian Signature _____ *Date* _____

Participant Signature if over 18 years of age _____