



**Erie Gymnastics Center
Team Lightning Inc.
2010-2011 Registration Form**



PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Family Information (Responsible Party):

Mother's Name: _____ Father's Name: _____ Last Name: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Additional Phone #'s (Cell / Car...) _____
 Mom's Work Phone: (____) _____ Occupation (optional) _____
 Dad's Work Phone: (____) _____ Occupation (optional) _____
 Email Address: _____

Please fill out the emergency information below so we may act quickly in the event of an accident.

Who to call if parents can not be reached : **(Must be an adult other than parents for contact)**

Emergency Contact Name: _____ Phone Number (____) _____

2. Student Information: (One form per child: each child is treated individually)

Gymnasts First Name: _____ Last Name: _____ Sex: Male / Female
 Birthday: ___/___/___ Current Age: _____ Health Issues/Allergies: _____
 School: _____ Grade: _____ Medical Insurance: _____ Policy: _____

Previous Training: _____

How did you find out about Erie Gymnastics Center? (Circle one) Parade // Exhibition // Harborfest // Radio // Television //
 Billboard // Newspaper Ad // Friends Recommendation // Phone Book // Drive-by // Publication // Other _____

If a friend referred you or ad was viewed, which one or who specifically? _____

Purpose for Training: _____

What other activities does your child participate in? _____

Medical History:

Any previous illness or injury we should know about _____

Date of last Physical ___/___/___ Results: _____

3. Release Statement: (One form per child: each child is treated individually)

PART 1: Release to allow EGC to Render First Aid and / or seek Emergency Services in the absence of Parents or Guardians

I fully understand that Erie Gymnastics Center (also known as Team Lightning Inc.) its staff members (paid or volunteer) are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Erie Gymnastics Center 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 Erie Gymnastics Center staff to call our doctor and seek medical help, including transportation by an Erie Gymnastics Center staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Erie Gymnastics Center staff deem this to be necessary.

PART 2: Agreement not to sue or cause litigation versus Team Lightning Inc. (dba- Erie Gymnastics Center, its agents or employees. We, the staff of Erie Gymnastics Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading, dance, acrobatics, and/or specialized sports training. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, acrobatics, and/or Specialized Sports Training can be dangerous and can lead to injury or death! 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.

Team Lightning Inc (dba - Erie Gymnastics Center) , its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of Gymnastics, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, acrobatics, and/or Specialized Sports Training 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 Erie Gymnastics Center and or its

**Continued on the back of this application.
Please also sign the release on the back of this form**

3. Release Statement continued from first page: ...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.

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. Erie Gymnastics Center will only warn the child through "Safety Messages" and our teaching style and progressions.

PART 3: *Erie Gymnastics Center may use my child's photograph or video for promotional purposes.*

X _____
Gymnast's or Participant's Signature _____ Date _____
X _____
Parent or Guardian Signature _____ Date _____

4. Financial Information: **This Section is Required (EGC Autodraft/ Autocharge Application)*

EGC offers the convenience of Automatic Bank Drafting or Auto Credit/Debit Charging for recurring monthly tuition charges & additional service fees (Birthday Parties/ Leotards...) Our Auto Charge systems are easy, safe, & convenient. The vast majority of our clients prefer this method of billing. Some patrons, prefer to pay manually, & we accept Checks, Cash, & most major Credit Cards. **You may pay tuition in advance with Cash, Check, Credit Card prior to our processing date (5 business days prior to the 1st of each month) to avoid using the automatic payment withdrawal system.** However you still must provide us authorization to process your charges either banking or credit card in the event you fail to pay your bill on time. Please refer to the specifics of this service in the "Parent/ Gymnast Handbook". All members must secure & authorize payment with either an automatic Bank withdraw (ach), or Credit Card.

Please fill in all required information and return along with a voided check with this application.

Last Name _____ First _____ Middle Initial _____

Mailing Address (if different than 'Responsible Party') _____

Name of Bank/Savings & Loan/Credit Union _____

Checking Account Routing Number: _____

Savings Account Account Number: _____

or

Credit Card Type: VISA / Master Card / American Express - (circle one)

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Authorization Agreement: Team Lightning Inc. is hereby authorized to initiate withdrawals or draw by electronic funds transfer from the named checking/savings account or Credit Card, on the first day of each month for an amount due for services conducted by Erie Gymnastics Center. In addition the bank is authorized to charge to my/our checking/savings account the withdrawals initiated by EGC Direct Draft. In the event I/we cancel this authorization, I/we may do so by providing written notice to Erie Gymnastics Center, which notice shall be effective within seven business days after receipt. If my/our account does not have sufficient funds to cover the charge(s), I/we agree to pay a \$25 fee for NSF/ or Late Fee payable to Erie Gymnastics Center. Client also agrees to pay all legal fees associated with collection efforts.

Signature _____ Date: _____

5. T-Shirt Size: *Each Child with paid registration receives a free*

Erie Gymnastics T-Shirt. Please fill in the appropriate information.

Logo: (circle one)

Boys

Girls

Size: (Circle one)

Child XS (2-4) / Child Small (6-8) / Child Med. (10-12) / Child Lg (14-16)

Adult Small / Adult Med / Adult Large / Adult XL

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| Office Use Only: Class Type: _____ Day: _____ Time: _____ Price: _____ Teacher: _____ Staff Member accepting this application _____ Computer Entry: _____ Date Entered: _____ |
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