



2018 STUDENT REGISTRATION

STUDENT NAME		MALE	FEMALE	Date of Birth	
Class / Day / Time	Start Date	Tuition	Enroll Fee	Process by	

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The form of identification listed below must be shown/provided at the time of registration.

PRIMARY FINANCIAL RESPONSIBILITY	Name (as shown on identification listed below)			Relationship to student	
	Mailing Address			Primary Phone	CELL HOME WORK
	City	STATE	ZIP	Secondary Phone	CELL HOME WORK
	Primary Email		Secondary Email		
	Identification Number	<input type="checkbox"/> Alaska Driver's License <input type="checkbox"/> Other identification: _____		Date of Birth	
	Signature			Date	

ADDITIONAL AUTHORIZATIONS	RECEIVE		MAKE CHANGES TO	
	Financial info	Enrollment info	Account info	Enrollments
Name	initial	initial	initial	initial
Name	initial	initial	initial	initial
Name	initial	initial	initial	initial

DROP / CANCELLATION POLICY When a student enrolls in a class or program, it is assumed that they will remain for the duration of the session. A written and signed drop/cancellation notice must be delivered to the DG&F business office at least 2 (two) weeks prior to the REQUESTED DROP DATE to avoid charges being assessed and due for future services. This policy allows appropriate time to fill the vacated space.

The competitive DG&F programs are by invitation only and therefore based upon a predetermined enrollment. The competition season may span multiple business sessions. Some of the non-refundable competitive fees agreed to at the time of accepting an invitation, are based upon the anticipated enrollment, and spread over the course of the competitive season to assist the participants with a more even payment schedule. If a student elects to drop from an invitational program, a cancellation fee may apply to cover the non-refundable fees.

This policy has been verbally explained to me. _____ (please initial here)



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PLEASE READ CAREFULLY and INITIAL items below:

Student name(s): _____

WARNING: Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. You assume a risk of serious injury in the use of this equipment, but the risk can be significantly reduced by always following the rules.

_____ **WAIVER of LIABILITY:**

All precautions will be taken to prevent accidents. Simple First Aid will be administered for minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child participate in programs offered by **Denali Gymnastics and Fitness Inc.** (DG&F). It is hereby agreed that I, my child(ren), adopted or otherwise, my heirs and executors, waive and release all rights and claims for damages that they may have at any time against the center, its representatives, whether paid or volunteer, for injury or damages in connection with the gymnastics program or other activities related to DG&F. The risks involved in respect to such a program are fully understood.

_____ **CONSENT for EMERGENCY TRANSPORTATION AND MEDICAL CARE:**

This authorizes DG&F to transport and/or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical or surgical care for the released parties listed below, if I cannot be contacted immediately. I understand my obligation to keep my childcare provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care including emergency transportation.

_____ **PHOTO and VIDEO RELEASE:**

I, as parent/guardian of above-mentioned child,

PHOTO RELEASE: **GIVE** **DO NOT GIVE**
VIDEO RELEASE: **GIVE** **DO NOT GIVE**

the representatives of DG&F and permission to take photos and/or videos of my child during events and activities. I understand that these photos and/or videos may be used for in-house activities and/or publications of DG&F.

_____ **CONSENT FOR SCHOOL/TRIP TRANSPORTATION and ACTIVITIES:**

HAS **DOES NOT HAVE** my permission to participate in activities sponsored by DG&F. I, the undersigned, understand that DG&F may transport the above-named child to these activities in a bus, van, private vehicle, public transportation or by walking. I further agree to assume the cost of the field trips and transportation for my child should the need arise. Each parent will be responsible for any medical insurance to cover any injury his or her child may sustain during any field trip activity sponsored by DG&F. Signing this contract signifies understanding that this contract constitutes a release which shall protect DG&F sponsors and all employees thereof. I further consent to emergency treatment by a physician in the event of an injury or illness while participating in an event. I hereby waive any liability to DG&F for any complications arising out of such treatment. I understand all aspects of the contract.

_____ **MEDICATION ADMINISTRATION CONSENT:**

I give the representatives of DG&F permission to administer the following medications as indicated:

Pain reliever (ibuprofen, 200mg) (Yes) (No) (*child must be 12+ years old*)

_____ **GENERAL RULES AND POLICIES:**

I have received a copy of the DG&F General Rules and Policies.

Parent/Guardian Signature	Date
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