

# ENROLLMENT FORM



7735 Haskell Ave.  
Van Nuys, CA 91406  
Ph. (818) 785-1537  
Fax (818) 785-1160

## RELEASE & PERMISSION TO PARTICIPATE

Try Date \_\_\_\_\_ Program \_\_\_\_\_  
Level \_\_\_\_\_ Day/Time \_\_\_\_\_  
Coach \_\_\_\_\_  
  
Enroll. Book \_\_\_\_\_  
*For Office Use Only*

Start Date \_\_\_\_\_ Program \_\_\_\_\_  
Level \_\_\_\_\_ Day/Time \_\_\_\_\_  
Coach \_\_\_\_\_  
  
Reg Fee \_\_\_\_\_ Tuition \_\_\_\_\_  
Month paid \_\_\_\_\_  
Total Received \_\_\_\_\_  
  
AUTO DATE \_\_\_\_\_  
  
Signed up by \_\_\_\_\_  
*For Office Use Only*

Student \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Gender: M F Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please don't forget this box!**  
**Thank you!**

**How did you hear about us?**  
 Friend  
 "friend" name \_\_\_\_\_  
 Birthday Party  
 Enrichment Guide  
 Internet  
 Yellow Pages  
 Other \_\_\_\_\_

**RELEASE-** I hereby consent to the above named student participating in structured and supervised classes on equipment owned and/or used by GYMNASTICS OLYMPICA U.S.A. inc. and hereby agree that I for myself, my children, adopted or otherwise, my heirs and executors waive and release any and all right and claims for damages that I may have any time against G.O. or their agents and representatives for any injury or damages in connection with my association or entry in gymnastics or other activities sponsored by GYMNASTICS OLYMPICA U.S.A. inc.

Parent/Adult Signature X \_\_\_\_\_ Date \_\_\_\_\_

Family Dr. \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please list any health problems/restrictions we should be aware of \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT-** I confirm that the above named student is in good health and has had a physical exam within the past year. I hereby authorize consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act. The authorization is given pursuant to the provision of section 25.8 of the civil code of California and shall remain effective until revoked in writing.

Parent/Adult Signature X \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF ASSUMPTION OF RISK -** I do hereby request the use of the GYMNASTICS OLYMPICA U.S.A., INC. and its facilities and equipment for the improvement of gymnastics and/or athletic skills. I recognize the potential injuries which can occur in gymnastics, especially trampolining, with the amount of head inversion required in the somersaulting tricks, particularly with the increasingly complex routines being developed. I also recognize that injury can result from folding, unfolding, transporting in setting up gymnastics equipment. I am under no compulsion by GYMNASTICS OLYMPICA U.S.A., INC to use the gymnasium facilities, nor am I being paid to do so. My interest is solely in the sport and my own self improvement. In consideration of GYMNASTICS OLYMPICA U.S.A., INC's allowing me to use these facilities, I, hereby forever release GYMNASTICS OLYMPICA U.S.A., INC., its officers, its directors, its coaches, parents club, sponsors, volunteers, and any member of the Team for any and all damages and injuries suffered by myself in connection with said use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any activity involving unusual motion.

Parent/Adult Signature X \_\_\_\_\_ Date \_\_\_\_\_

# RATES & POLICIES

	REGULAR AUTO CC RATES		"FALL Lock-In" AUTO CC RATES (If you enroll the same day you "TRY")	
	One Class Per Week (monthly rate)	Add'l classes per week...50% off!	One Class Per Week (monthly rate)	Add'l classes per week...50% off!
55 min. (Kindergarten, Mini Mights, Mighty Boys & Girls)	\$ 79	\$ 39.50	\$ 69	\$ 34.50 <b>SPECIAL! **FREE 3rd DAYTIME CLASS (see below for details)</b>
1hr. 25 min. (Mega, Stars, Shooting Stars, Snakes, Giants, Rockets, T & T)	\$105	\$ 52.50	\$ 95	\$ 47.50
1 hr. 55 min. (Super Stars, All Stars, Shining Stars, KinderSkills)	\$120	\$ 60	\$ 110	\$ 55 <b>SPECIAL! **FREE 3rd DAYTIME CLASS (see below for details)</b>
Adult Open Gym	\$55 (per month)	N/A	\$45	N/A
<ul style="list-style-type: none"> <li>• <b>**"LOCKING IN"</b> rates applies to those enrolling in our AUTO CREDIT CARD . Rate is "LOCKED IN" as long as monthly AUTO-MATIC CREDIT CARD enrollment is CONTINUOUS. Should you stop your automatic payments for any reason, your tuition will revert to our regular tuition rates. Sibling discounts do apply; No additional discounts or coupons apply.</li> <li>• <b>**Enroll in <u>TWO</u> M-F 9a-3p classes and receive a <u>THIRD</u> M-F 9a-3p class <b>FREE!</b></b></li> </ul>				

## Monthly Credit Card Authorization

Cardholder Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Credit Card: Visa/ MC /Discover CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2 #: \_\_\_\_\_

Your card will be charged every month for the amount of your child's tuition. In addition, registration will be charged on an annual basis (\$25 per individual/\$40 per family).

You acknowledge and agree that Gymnastics Olympica USA will continue to charge your credit card on a monthly basis unless and until you notify by letter one week prior to the scheduled charge, Gymnastics Olympica USA located at 7735 Haskell Ave. Van Nuys, CA 91406, of your intention to cease participation in the Gymnastics Olympica USA program.

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Monthly Tuition:

- All Academy are automatically charged monthly. All charges are based on four (4) weeks.
- **SIBLING DISCOUNT:** Only one tuition per family pays the full price! All second, third, etc. will receive a discount of **\$10 per month!**
- Annual registration fee: \$25 Individual or \$40 Family (includes ALL immediate family members!)

### Make-ups:

- Make-ups are offered for reasons of illness, injury, or emergency.
- **G.O. does not pro-rate or credit any missed classes.**
- Make-up classes may only be taken in a similar class/level, when there is space.
- Gymnasts must be currently enrolled to do a make-up.
- Please make sure you call in advance and schedule an appointment for a makeup.

### Dress code:

- **Girls:** Leotard or T-shirt & shorts; NO footed tights, socks; NO skirts, jeans, or baggy attire. NO jewelry. Long hair must be pulled back in a pony tail.
- **Boys:** Jersey or T-shirt, NO socks, jeans or very baggy attire; NO watches/jewelry

### Gym rules:

- Be on time for check-in & warm-up, as it is an essential part of the class. **Any children more than 15 minutes late may be asked to do a make-up class on another day/time.**
- Only enrolled gymnasts may enter the gym floor (with a coach ONLY!)
- No food/drink on the gym floor.

### Photo Policy:

- Sometimes we take pictures during classes and special events to be used in promotions, art advertising, editorials, website or for use as Gymnastics Olympica chooses. If you do not want your child's photo used by Gymnastics Olympica USA, please write and sign a letter stating so.

I have read and understand the rules and policies of Gymnastics Olympica USA, as stated above.

Parent/Adult Signature X \_\_\_\_\_ Date \_\_\_\_\_