



Registration Form: Return by Fax (248) 625-3577 or Deliver to the Stars & Stripes Business Office before participation can begin.

Step 1. Family Information / Parent / Guardian / Billing Contact

Parent/Guardian First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____ How Did You Hear About Us? _____

(A lot of special announcements and offers are sent via e-mail)

Emergency Contact _____

Step 2. Participant Information

1st Participant Name: _____ Birthday: ____/____/____

2nd Participant Name: _____ Birthday: ____/____/____

3rd Participant Name: _____ Birthday: ____/____/____

Special Medical Conditions/Allergies/Restrictions _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatable's, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, play time, field trips, special olympics, swimming, competitions, preschool, group activities, family fun nights, parents night out, trampoline, dance, karate, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Stars & Stripes Gymnastics Academy and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Stars & Stripes Gymnastics Academy, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Stars & Stripes Gymnastics Academy. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. Stars & Stripes Gymnastics Academy will only warn the participant thru safety messages and our teaching style and progressions. I also understand and give permission for photographs and videos of named persons and/or participants and/or myself be used in print or broadcast media as deemed appropriate for the promotion of Stars & Stripes Gymnastics Academy.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Stars & Stripes Gymnastics Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Stars & Stripes Gymnastics Academy staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the Stars & Stripes Gymnastics Academy staff to seek medical help including calling of an ambulance for said named persons and/or participants should the Stars & Stripes Gymnastics Academy staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Stars & Stripes Gymnastics Academy.

TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION I understand if the above named person is enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur recurring monthly tuition charges on my account until I submit a Stars & Stripes class drop request. This document may be obtained from the Stars & Stripes Business Office or downloaded from our website www.StarsAndStripesKids.com. If I am dropping a class (with recurring monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that Stars & Stripes does not give make-up classes, credit and/or refunds for, but not limited to programs, classes, inflatable's, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, play time, field trips, special olympics, swimming, competitions, preschool, group activities, family fun nights, parents night out, trampoline, dance, karate, circuit training, running, free weights, conditioning, obstacle courses, personal training and group fitness, missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. Stars & Stripes does not issue refunds. All sales are final for any product and/or service purchased and/or provided by Stars & Stripes. Contingent on availability Stars & Stripes may issue a Free pass to an open gym for a missed class. If I 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 we are 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. I am responsible to make timely payments of my balances due on my Stars & Stripes account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, Stars & Stripes will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$25.00. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with Stars & Stripes. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the Stars & Stripes Business Office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$25.00 late/insufficient funds fee will be charged for all un-paid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Stars & Stripes to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, will be charged \$25.00 late fee each month until the account is paid in full or arrangements are made for payment. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1st of the month of my registration anniversary date with Stars & Stripes. Stars & Stripes reserves the right to modify the terms of this agreement with written notice.

Step 3. Payment and Billing Information

_____ I would like auto billing. Please charge my credit card the 1st of each month for my balance due and e-mail me my receipt.
Auto billing only applies to programs that have a recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur recurring monthly tuition charges on my account until I submit a Stars & Stripes class drop request.

_____ I will pay my account balance on or before the 1st of each month at the Stars & Stripes Business Office. If my payment is not received on or before the due date, Stars & Stripes will initiate electronic payments for any balances due on my account PLUS an administrative late fee of up to \$25.00. I understand that Stars & Stripes does not send a monthly bill and it is my responsibility to pay my account balance at the Stars & Stripes Business Office. I understand this only applies to programs that have recurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are in a program that has recurring monthly tuition I am continuously enrolled in the program and I will incur recurring monthly tuition charges on my account until I submit a Stars & Stripes class drop request.

_____ I am registering for a program that is **FREE** or **DOES NOT** have recurring monthly tuition.
Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if I do enroll in a program that does have recurring tuition I agree to the tuition payment, enrollment and billing terms contained in this registration form.

****Programs that are FREE are EXEMPT from supplying credit info until such time you register for a program that has monthly tuition****

Signature: **X** I have read and completely understand all terms and conditions of this agreement. Date _____

_____ I registered over the phone or online. Please use the credit card information I already supplied.

****Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition****



Credit Card Number _____ Expires _____

(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)

Our servers are maintained using the following security measures: Biometric (fingerprint access) scanning technology verifies identity for authorized access into the facility. Proximity card access with PIN, in addition to biometric clearance, is required to enter/exit the facility. No open cabinets. All of our steel mesh cabinets are fitted with combination locks. As a result, no keys can be lost or duplicated. Video surveillance cameras are hidden throughout the facility, monitored by our 24x7 Solution Support Center (SSC), tracks and records access throughout the facility. Strategically placed motion/vibration detection devices alert SSC personnel of any forced entry. Redundant, uninterruptible power system and diesel powered back-up generator. Regular testing and maintenance of back-up systems and procedures.