



STUDENT REGISTRATION CONTRACT

Date _____ Program Year: Begin Date _____ End Date _____

Student Name _____

Birthdate _____ Gender (circle one): M / F

Address: _____ Medical conditions (if any): _____

Street

City

State

ZIP

Parent/Guardian _____ Home Phone _____

Email: _____ Work Phone _____

Emergency contact _____ Phone _____

Class Selection

Once your registration is received, you will be notified by phone if your selected class is full so that you may make another selection.

Class Title _____ Class Cost _____

Class Day _____ Registration Fee _____

Class Time _____ TOTAL DUE _____

Check One: Returning Student New Student

The annual registration fee and monthly tuition are nonrefundable. The annual registration fee is renewable each year.

Enclose the annual registration fee, plus the first month's tuition and mail to:
 Top Flight Gymnastics Center, 9179 Red Branch Road, Columbia, Maryland 21045.
 Or return this registration form, fee, and tuition to Top Flight Gymnastics in person.

Medical Release Statement

I give approval for _____'s participation in any and all activities of the Top Flight Gymnastics program.

I hereby forever waive, and forever release and discharge Top Flight Gymnastics Center, their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

As a student, or parent or guardian of a student, it is my option to consult a physician for assurance of proper health and am encouraged to do so by Top Flight Gymnastics Center.

I authorize the representatives of Top Flight Gymnastics Center to provide any emergency medical services that may be required due to an injury during any activity at or for Top Flight Gymnastics Center.

I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury, paralysis, and even death in any activity involving motion or height.

Top Flight Gymnastics Center is not responsible whatsoever for anything that happens before or after the student's designated class, camp, or open gym.

The undersigned parents or guardians, for and in further consideration of the Top Flight Gymnastics Center program accepting said participant, hereby agree to save and indemnify and keep harmless the said Top Flight Gymnastics Center, its agents and sponsors, against any and all liability claims, judgments or damage arising as a result of injuries sustained by the participant during or as a result of any course of instruction or supervision given the participant by Top Flight Gymnastics Center.

I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.

 Parent/Guardian Signature Date

Enrollment and Tuition Fees Policy

Top Flight's program year begins in September and finishes in August

(See brochure calendar program year details).

Check each box to indicate you have read and understood the following policies:

I understand that I am enrolling my child for the program year (48 classes or remaining program year classes) September until last class in August.

I understand that I will be responsible for all (nonrefundable) registration and tuition costs for the program and that tuition is due on the 1st of each month. A \$5 late fee will be applied to all payments made after the 7th of the month—no exceptions. Tuition can be paid by cash, check, Visa, Mastercard or by signing up for Automatic Fund Transfers (see receptionist for details). Cash and credit card payments should be made at the office. Check payments can be made by mail.

Class Withdrawals/Class Transfers:

Students wishing to withdraw or requesting a class transfer/wait list placement must submit an **Enrollment Change** form to the Top Flight office by the **25th of the current month**. The form may be downloaded from the website at TopFlightGym-MD.com and emailed or faxed.

I understand I may withdraw my child only by submitting a Change of Enrollment Form (available at the front desk or on line at TopFlightGym-MD.com) by the **25th of the current month**.

I understand that a final month's tuition will be due on the 1st of the month if a withdrawal request is received after the **25th of the month**.

I understand I may transfer my child to another class by submitting a Change of Enrollment Form to the front office.

Make-up classes: Please see brochure to fully understand the make-up policies.

It will be indicated by your signature below that you fully understand Top Flight's Enrollment Contract and Policies.

 Parent/Guardian Initials Date