



# Evolution Gymnastics Academy

409 Network Station Chesapeake, Va 23320

757-755-3390 & Office@egagym.com

**Registration form for the period of September 2024 - August 2025**

Student's First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's Age : \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class: \_\_\_\_\_ Day \_\_\_\_\_ Start Time \_\_\_\_ : \_\_\_\_

Class: \_\_\_\_\_ Day \_\_\_\_\_ Start Time \_\_\_\_ : \_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Phone (1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parents Email : \_\_\_\_\_

Home Address: \_\_\_\_\_

## **Consent and Release Form**

By giving my child permission to participate in gymnastics at **Evolution Gymnastics Academy**, I acknowledge that any activity involving height and motion (such as gymnastics) involves the risk of injury, ranging from minor injuries (such as bruises and sprains) to serious and even catastrophic injuries, (such as permanent paralysis, or even death). I hereby release **Evolution Gymnastics Academy**, their officers, owners, employees, and agents from any and all claims for damages to persons or property, which might arise as a result of an accident and/or illness occurring while my child is participating in the **Evolution Gymnastics Academy** program. I hereby state that I have read and understand the above release and agree to comply with the requirements and regulations of the academy.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Tuition Payment Guarantee**

I hereby guarantee payment of all tuition costs for the student registered to *Evolution Gymnastics Academy* for the period of their enrollment in gymnastics instruction. Tuition payments are due the 1<sup>st</sup> of the month. Payments made after the 10<sup>th</sup> of the month must include a \$20 late fee. If tuition is delinquent by 30 or more days, the student will not be permitted to participate in class or team. Any checks returned for nonpayment are subject to a minimum of a \$40 fee.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_