



Summit Sports Center Registration Form

New	
Returning	
Recreational	
Team	

****Please read carefully. All information provided must be legible and accurate. All information provided will only be accessed by Summit Sports, Inc. DBA Summit Sports Center staff for appropriate customer service reasons.****

We communicate very important information through email. It is crucial your email listed is an account that you maintain frequently, and are able to receive monthly statements, schedules, and communication from us.

How did you hear about us: Website _____ Signs _____ Parent Magazine _____ Birthday Party _____ Parent's Night Out _____

Other(Please Specify) _____

Referral from member currently enrolled (Please provide first & last name): _____

FAMILY INFORMATION:

Parent Last Name: _____ Parent First Name: _____ Cell# _____

Parent Last Name: _____ Parent First Name: _____ Cell# _____

Address, City, State, Zip Code: _____

Parent Email Address: _____ Email #2: _____

Emergency Contact If Parents cannot be reached: Full name, phone #, relationship:

STUDENT INFORMATION:

1.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Class Name: _____ Day/Time of Class: _____ School Child Attends: _____

Does your child have any medical conditions of which we should be aware? _____

2.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Class Name: _____ Day/Time of Class: _____ School Child Attends: _____

Does your child have any medical conditions of which we should be aware? _____

3.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Class Name: _____ Day/Time of Class: _____ School Child Attends: _____

Does your child have any medical conditions of which we should be aware? _____

4.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Class Name: _____ Day/Time of Class: _____ School Child Attends: _____

Does your child have any medical conditions of which we should be aware? _____

Please see reverse side for Waiver & Release.

Please read carefully & initial each line!



Waiver & Release Form

____ By nature, the pursuits of gymnastics, cheerleading and related activities carry the risk of physical injury. I recognize that severe trauma: including, but not limited to, permanent paralysis or death can occur in sports or any activity involving height and /or motion. These activities include, but are not limited to, all gymnastics related activities, tumbling, trampoline, dance, cheerleading and fitness. Mats, foam pits and other equipment are provided in many cases, as well as, active participation from an instructor; however, serious injuries may still be unavoidable.

____ Being fully aware of these dangers, I hereby give consent for my child(ren)/self to participate in any and all Summit Sports, Inc. DBA Summit Sports Center activities, and I ACCEPT ALL RISKS associated with participation of any kind for any Summit Sports, Inc. DBA Summit Sports Center activities.

____ I understand it is the parent's/legal guardian's responsibility to warn the child(ren)/self about injury risks, and I will encourage my child(ren) to follow all directions given by staff members, officers, directors, agents, shareholders, employees, contractors and volunteers.

____ In the event of an accident or emergency, I hereby authorize my child(ren)/self to be transported to a hospital for medical treatment, and I hold Summit Sports, Inc. DBA Summit Sports Center, and James Swainston and their representatives harmless in the execution of such. Additionally, I hereby agree to provide for all medical expenses which may be incurred by me or any of my children, as a result of any injury sustained while participating in any activity at or for (regardless of location) Summit Sports, Inc. DBA Summit Sports Center.

____ I fully understand that staff members are not physicians or medical practitioners of any kind. I hereby release Flipdoctors Inc. DBA Summit Sports Center, staff to render first aid to my child(ren)/self, in the event of any injury or illness. If deemed necessary by Summit Sports, Inc. DBA Summit Sports Center, we will seek professional medical help by calling a doctor, hospital, or ambulance for said child(ren)/participant. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for my child(ren)/self protection.

____ Summit Sports, Inc., DBA Summit Sports Center/Powder by the Pound/James Swainston are not responsible for any damage to your vehicle or any personal property while on the premise of 2015 Johnson Industrial Blvd, Nolensville, TN 37135.

____ Summit Sports, Inc. DBA Summit Sports Center frequently takes pictures of students around the gym for marketing purposes. Spectators frequently take pictures & videos of their children. Anyone that walks in the doors could potentially be in a picture or video available to the public on our website or one of our various social media accounts, whether on purpose for or inadvertently. By initialing, you are agreeing that you or your child could be in a picture or video for any purpose.

____ In consideration of my child(ren)'/self participation, I hereby (for myself, my child(ren) and our respective heirs and successors) COVENANT NOT TO SUE AND FOREVER RELEASE Summit Sports, Inc. DBA Summit Sports Center, James Swainston, their officers, directors, agents, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of any participation at or for Summit Sports, Inc. DBA Summit Sports Center, including those resulting from acts of negligence on the parts of Summit Sports, Inc. DBA Summit Sports Center, James Swainston, their officers, owners, directors, agents, shareholders, employees, contractors and volunteers. I have read and understand all of the Summit Sports, Inc. DBA Summit Sports Center. Waiver and Release Form, and I accept all risks and terms with my signature below:

Athlete/Participant Names
printed: _____

Parent/Legal Guardian/Participant Signature: _____ Date: _____



Regarding Fees & Tuition

_____ The annual membership fee of \$50 for one athlete with a max of \$200 for a family is paid upon enrollment and every year thereafter, on your original annual membership anniversary date.

_____ Tuition is due the 1st of each month.

_____ **If tuition is not received by the 15th of the month, a \$25 late fee will be assessed. On the 16th of the month if you have not paid your tuition along with the additional late fee, you will be dropped from your class, and your balance will be sent to a collection company. Please contact us by the 16th, if any issues arise, to prevent this action.**

_____ To discontinue any class we require a written notice **at least 30 days in advance** of your stop date. You **will be expected to pay** the monthly tuition until the **final day of enrollment, after the 30 day notice**. We will prorate when applicable. **Students are automatically re-enrolled each month as a convenience to you, so to be kind to those on the waiting list, please notify us immediately if you plan to withdraw from a class.**

_____ Sibling discounts are applied upon registration and are as follows: 2nd=20% off, 3rd=30% off, 4th=40% off, and 5th child is free. Discounts will be applied to the lowest tuition cost and will be applied in ascending order.

_____ A \$35.00 returned check fee will be assessed for all returned checks, as well as ACH or EFT payments

_____ There will be no make ups or prorating tuition for holidays.

_____ There will be no refunds or credits or transfers once tuition or registration fees or other fees for clinics, open gyms, parent's night out, camps or anything else has been paid, **FOR ANY REASON**. Even due to a gym wide shut down for any reason.

WAYS TO PAY:

- Come in to the gym & pay with credit card, cash, or check
- E-check/ACH Draft from your bank account, Credit/Debit Auto pay or onetime payment through your Customer Portal

Additional Policies & Procedures

_____ Enrollment is on a 1st come 1st serve basis.

_____ The registration form, annual membership fee, and monthly tuition must be complete before the athlete can participate in any recreational class, any training session, or team practice.

_____ Classes missed during the month will not be prorated. You have the opportunity to schedule **ONE** make-up class or open gym per month, for classes missed.

_____ Inclement weather: we will make the announcement through email, website, facebook, and mobile app. There will be no makeups or refunds/prorating/credits/transfers for inclement weather related gym closings.

_____ All class participants are expected to wear proper active wear. No baggy clothing, hair must be pulled back, no shoes/socks, no zippers or jewelry. We may remove a child from class if not dressed appropriately.

_____ Jewelry of any kind will not be allowed on the training floor or any equipment.

_____ Summit Sports, Inc. DBA Summit Sports Center., may take photos, videos or interviews, to use such media for purposes such as, but not limited to, marketing, advertising, newsletters, announcements, training books/videos, and anything web/social media related.

_____ If you have siblings waiting with you in the lobby while your child is attending class, please keep them under control and off any equipment.