

## *Riley's Gymnastics Academy General Waiver*

Student's Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Cell Ph \_\_\_\_\_

Parent Email \_\_\_\_\_

Who is authorized to pick up your child (please give name and relationship to child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Birthdate \_\_\_\_\_ School \_\_\_\_\_

Does your child have any physical/social/emotional issues or allergies? Please Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have previous gymnastics experience?

\_\_\_\_\_  
\_\_\_\_\_

Initial Below

\_\_\_\_\_ I have read and understand RGA's Welcome Letter and Policy Sheet attached.

\_\_\_\_\_ I understand that payment is due on the 15<sup>th</sup> of the month to avoid late fee.

\_\_\_\_\_ I understand my student will be dropped from the program if payment is not made by the 25<sup>th</sup> of the month.

\_\_\_\_\_ I understand and agree to the make-up policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in RILEY'S GYMNASTICS ACADEMY, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by my own actions, or inactions, those of others participating in the event, the condition in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue RILEY'S GYMNASTICS ACADEMY, it's respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence or the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may occur as the result of such claim. RILEY'S GYMNASTICS ACADEMY reserves the right to use any video or photographic material for any legal purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact Information and Medical Release Form

Gymnast Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Known

Allergies/Medical Conditions/Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Additional Contacts Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, \_\_\_\_\_ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I am unable to be reached, I give permission to the emergency care physician, support personnel and Riley's Gymnastics Academy to do what they deem necessary in the best interests of my child. S

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of Riley's Gymnastics Academy athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Riley's Gymnastics Academy**  
**1395 Sunsweet Blvd, Yuba City, CA 95993**  
**530-870-8546**  
**\$2.00 Fee for all Tuition Payments**  
**Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!  
Recurring Payments Will Make Your Life Easier: It's convenient  
Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, \_\_\_\_\_ authorize Riley's Gymnastics Academy to charge my credit card indicated below for my student, \_\_\_\_\_ 1st of each Month for payment of my Monthly Tuition Fee.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Visa    MasterCard    Amex    Discover**

**Cardholder Name** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**CVV (3 digit number on back of card)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Riley's Gymnastics Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Riley's Gymnastics Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled form transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization

# **RILEY'S GYMNASTICS ACADEMY**

**"Where Every Accomplishment is a Success!"**

Dear Parent,

Thank you for signing up with Riley's Gymnastics Academy! We are sending you this letter to welcome you to our program and to ensure that you have all the information that you need to make this a fantastic experience. Please review the RGA Gym general information contained on this page.

## **LOCATION AND PARKING**

Riley's Gymnastics Academy (RGA Gym) is located at 1395 Sunsweet Blvd, Suite A. On the corner of Gray Ave and Louise. Our entrance is on Louise.

Parking is open. Phone: 530-870-8546

## **ARRIVING FOR CLASS**

Coming a few minutes early for the first class will give you and your child the opportunity to meet the teacher, as well as, learn information such as the locations of the restrooms and water fountain and where to store belongings.

## **WHAT TO WEAR**

Students should dress appropriately with hair tied back and jewelry left at home. For gymnastics, students should wear a leotard or a tight fitting shirt with fitted exercise shorts (nothing that is too loose, please). Clothing should allow movement without being baggy. **NO SHORTS/PANTS WITH BUCKLES, SNAPS, OR ZIPPERS (I.E. JEANS) ARE PERMITTED.** These hurt your child's stomach and scratch our equipment.

## **RGA TUITION**

RGA tuition runs on a monthly tuition schedule. Your tuition is not based on number of classes, but on a period of time. In any given month there may be 3, 4, or 5 classes. All tuition payments are due on or before the first of the month. Payment after the 15th will incur a \$10 late fee. Tuition can be paid via credit card, square online invoice, cash, or check. There will be a \$35 fee for any returned checks.

## **ENROLLMENT AND ENDING YOUR CLASS**

RGA Gym enrollment is continuous – each student is enrolled until a parent gives us written notice to disenroll. To disenroll, please provide Nicole Riley with **WRITTEN** notice at least 30 days before the next billing cycle – i.e., give us notice by May 1<sup>st</sup> that May will be your final month.

## **MAKE-UPS AND MISSED CLASSES POLICY**

RGA Gym tuition pays for your child's spot in class, regardless of attendance. Monthly tuition remains consistent, regardless of the actual number of class days per month. Makeups have no cash value and are offered as a courtesy to currently enrolled clients. RGA offers makeups for any classes students may miss and for any days that RGA may be closed as long as space permits. Students have 6 months from missed class to do their make-up classes. Makeups must be scheduled in advance and may not be transferred to another client or used as credit. As a small gym, I only have limited classes so I will do my best to work with you on makeup classes.