

Registration Fee _____

Security Deposit _____

IN CASE OF EMERGENCY PLEASE CALL:

Name _____

Phone _____ Relation _____

PLEASE MAKE SURE YOU ARE AWARE OF THE NO LIMITZ PAYMENT POLICIES:

1. All payments due IN FULL first class of four.
2. **NO** refunds or rebates for absence. One make-up provided per month.
3. No child permitted on floor who has not paid for class.
4. You may switch to semester cost after 4th class.

Gymnasts, in attending the gym and using the facilities, does so at his or her own risk. Gym operator shall not be liable for any damage resulting from personal injuries sustained by the gymnast in or about the premises. Gymnast assumes full responsibility for all injuries and damages which occur in or about the premises and he or she does hereby fully and forever release and discharge the gym operator, all associated gyms, their owners, employees and agents, from any and all claims, damages, demands, rights of action, present or future, resulting from or arising out of the gymnast's use of the gym and/or its facilities.

It is understood that my child will not be permitted onto the gymnasium floor if payment is not made in full prior to his/her classes.

Signature _____