
McCracken's Gymnastics Registration Form

- I understand that my child(ren) has a reserved spot in class and therefore, I am responsible for paying tuition **until I give written notification** of my child's drop date to the office staff; two weeks' notice is appreciated. All withdrawals are processed at the end of any given month.
- I understand I may pay tuition by check, cash, or credit card at any time for the coming month.
- I understand monthly tuition is due on or before the 1st day of each month.
- I understand tuition is considered late if not paid on or before the 15th day of any given month.
- I understand that if tuition is not paid prior to the 15th day of any given month my child(ren) will not be allowed to participate in their class until my account is current and a \$10.00 late fee will be assessed.
- I understand an insufficient funds check will result in a \$30.00 fee on my account to cover bank charges.

We accept:	Name as it appears on card: _____				
Visa	Card Number: <input type="text"/>			Expiration Date:	<input type="text"/>
MasterCard					
Discover					
Card Security Code on back of card: CSC: <input type="text"/>					

- To maintain Active status for my child, I give McCracken's Gymnastics permission to charge the following credit card for any fees accrued by me which I was unable to pay on or before the 1st of the month.
- I understand invalid credit card information could result in an inactive status for my child which could jeopardize the spot in my child's preferred class, day, and time.
- I understand that it is an enrollment requirement to renew the Annual Gymnastics Insurance fee on my child's enrollment anniversary month.
- I understand **No Refunds or Pro-rations** will be made for classes missed.
- I understand makeup classes are offered only to actively enrolled students.
- I understand it is an enrollment requirement to maintain current credit card information, phone number, and address on file with McCracken's Office Staff.

Parent's Signature: _____

Release Form

This is a legally-binding UNCONDITIONAL AND FULL TO GENERAL RELEASE OF LIABILITY, WAIVER, DISCHARGE AND COVENANT NOT TO SUE made by me, _____, on behalf of myself and my minor child(ren) as set forth below (hereinafter referred to as CUSTOMER) with McCracken's Gymnastics & Dance Inc., DBA McCracken's Gymnastics and Swim School, (hereinafter collectively referred to as MGSS). For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, including but not limited to the mutual promises, understandings, and covenants herein, Customer does hereby acknowledge: I FULLY RECOGNIZE THAT THERE ARE INHERENT DANGERS AND RISKS TO WHICH I AND OTHERS MAY BE EXPOSED BY ENTERING on the MGSS premises at 15515 S. Keeler St. Olathe, KS 66062. THE FOLLOWING IS A NON-EXCLUSIVE LIST OF SIGNIFICANT DANGERS AND RISKS ASSOCIATED WITH THIS ACTIVITY: INJURY TO MYSELF OR OTHERS, CONTRACTING OF COVID-19, DAMAGE TO MY PROPERTY OR THAT OF OTHERS, DEATH OF MYSELF OR OTHERS. IN NO EVENT SHALL MGSS BE LIABLE FOR DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER ARISING IN TORT, CONTRACT OR ANY OTHER LEGAL THEORY, IN CONNECTION WITH OR ARISING OUT OF CUSTOMER'S ENTERING ON THE MGSS PREMISES AT 15515 S. Keeler St. THE CUSTOMER, AS OF THE DATE BELOW, SHALL HEREINAFTER SAVE, HOLD HARMLESS, AND INDEMNIFY MGSS, ITS OWNERS, EMPLOYEES, AND AGENTS, AGAINST ANY AND ALL LIABILITY, CLAIMS, INCLUDING THOSE MADE BY THIRD PARTIES, CAUSES OF ACTION INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, MISTAKE, AND FAILURE TO ENFORCE, SUPERVISE, OR MAINTAIN, CLAIMS, CAUSES OF ACTION, AND COSTS OF WHATSOEVER KIND AND NATURE INCLUDING BUT NOT LIMITED TO DEATH, RESULTING FROM, ARISING OUT OF, OR OCCURRING IN CONNECTION WITH MY OR MY MINOR CHILD'S ENTERING THE MGSS. CUSTOMER understands and acknowledges that MGSS is using all reasonable efforts to prevent harm or injury within its facility pursuant to Executive Orders issued by the Governor of the State of Kansas, Proclamations issued by the Mayor of the City of Olathe, recommendations of USA Gymnastics, and recommendations of the Center for Disease and Control, and that in accordance with those orders and guidelines, MGSS is permitting willing individuals to enter the premises. Despite all reasonable efforts being employed to prevent the spread of this virus, CUSTOMER acknowledges that he/she/they might still contract this virus at MGSS and understand that he/she/they enter MGSS at their own risk and peril. CUSTOMER acknowledges and agrees to assume all the risks and responsibilities in any way associated with my entry onto the premises of MGSS and that the fact that MGSS is permitting CUSTOMER to enter the premises does not in any way, shape, form, or manner indicate that it is safe to do so. CUSTOMER assures MGSS that there are no health-related reasons or problems which preclude or restrict or otherwise advise against CUSTOMER'S presence at MGSS and agree to notify MGSS should such health conditions develop that could put CUSTOMER or others at MGSS at risk of injury or illness. CUSTOMER shall be liable for all attorney fees, Court costs, and all other costs incurred by MGSS, in enforcing or defending any such claim or any portion of this Release. CUSTOMER understands that this release is binding on CUSTOMER, as well as the heirs, executors, administrators, and assigns of CUSTOMER. CUSTOMER further understands that if he/she is executing this release on behalf of a minor child, then he/she shall hold MGSS harmless against the claims of any other parent or legal guardian of said child who has not signed this release.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND AGREE TO BE LEGALLY BOUND BY IT.

I, _____, as parent/legal guardian

Of _____, the person executing the foregoing release do hereby give my permission of said persons to participate in the said program and consent to all terms and conditions of said release.

Parent's Signature: _____

Home Address (if different than the address on the first page)

