After School Information & Waiver Form

STUDENT INFORMATION

Student's Name:_____ Gender:_____ Age:_____ DOB:_____

Street Address:_____ City:_____ State:_____ Zip code:_____

Home Phone Number:_____ Email:_____

School:_____ Grade:_____

LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian #1:_____ Employer:_____

Work Phone Number:_____ Cell Phone Number:_____

Parent/Legal Guardian #2:_____ Employer:_____

Work Phone Number:_____ Cell Phone Number:_____

MEDICAL & EMERGENCY INFORMATION

Are there any medical conditions, mental or physical disabilities? No Please explain:_____

_____

Allergies:_____ Medications:_____

Insurance Company:_____ PCP:_____

Phone Number:_____

Emergency Contact: _____ Relationship to Student:_____

Phone Number:_____

How did you hear about us?_____

PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY

I am fully aware of and appreciate the risks and possibility of injuries, damages, and other losses that may result from participation in gymnastics, tumbling, dance, or cheerleading instruction, activities, and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Hahn's Gymnastics, LLC, its officers, directors, agents, and employees (hereinafter collectively "Hahn's"), from any and all claims for personal injury, property damage or wrongful death and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in gymnastics, tumbling, dance, or cheerleading instruction, activities and events or other activities involving Hahn's and travel related to such participation.

I hereby give my consent to Hahn's to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services warranted in the course of my participation in the instruction, training, and other activities of Hahn's Gymnastics, LLC.

I hereby give consent to Hahn's to take photographs and videos of my child(ren) to use in future advertisements, brochures, internet, and website.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I have read and understand the terms of this agreement, and I agree to be bound by its terms.

Participant's Name (Please Print):_____

Participant's Signature:_____Date:_____

Parent/Guardian Name(Please Print):_____

Parent/Guardian Signature:_____Date:_____

WIFI USAGE PERMISSION SLIP

I give my child permission to use Hahn's Gymnastics' wifi for homework purposes only. I understand that if my child uses the internet for non-homework reasons, internet access will be revoked.

Parent/Guardian Signature:_____

Date:_____

ELECTRONIC DEVICE/TOY POLICY

Use of electronic devices, such as, but not limited to, cell phones, smart watches, etc., is prohibited at Hahn's Gymnastics. Such devices should be left in bookbags and powered off.

Toys and such items from home should not be brought to Hahn's Gymnastics. Trading cards, stuffed animals, and any other toys from home should be left in bookbags. Hahn's Gymnastics is not responsible for the loss of any such items.

I understand that if my child is caught using any such items or devices by Hahn's Gymnastics staff, they will be taken away and given to the parent/guardian at pickup.

CREDIT CARD CHARGE AUTHORIZATION FORM

Hahn's Gymnastics, LLC.

18 Legend Dr.

Arden, NC 28704

Name on Credit Card:_____

Credit Card Type Mastercard_____

Credit Card Number:_____Expiration Date:_____Security Code:_____

Billing Address:_____

_____

Mailing Address:_____

_____

The undersigned customer agrees that they may choose to pay Hahn's Gymnastics, LLC by check, cash, or credit card for _____ services in the amount of _____ on a _____ basis. However, Hahn's Gymnastics, LLC requires this credit card authorization to be on file with Hahn's Gymnastics, LLC.

The undersigned hereby authorizes Hahn's Gymnastics, LLC to charge said credit card the amount due from the customer to Hahn's Gymnastics, LLC. If any payment to Hahn's Gymnastics, LLC is delayed by more than three (3) business days from the invoice due date, whether the result of a failure or refusal to pay such charge, a **$35.00** late fee will be applied. In the event of a returned check, a returned check fee of **$35.00** will be applied to the balance due. In addition, a **$15.00** credit card processing fee will be added to the total balance due.

Being the authorized cardholder, the undersigned agrees to the terms set forth in this agreement and specifically authorizes Hahn's Gymnastics, LLC to charge my credit card for the services/goods provided by Hahn's Gymnastics, LLC. I further agree that in the event my credit card becomes invalid, I will immediately provide Hahn's Gymnastics, LLC with a new duly executed Credit Card Charge Authorization Form upon request, to be charged for the payment of any outstanding balance owed by Hahn's Gymnastics, LLC. I will not dispute any legitimate charges processed by Hahn's Gymnastics, LLC. This authorization will remain in full until terminated in writing by the undersigned.

HAHN'S GYMNASTICS AFTER SCHOOL RULES AND POLICIES

Behavior Management Policy: I have read and reviewed the behavior management and discipline policy below and agree with everything as outlined.

Signature:_____

Discipline steps for inappropriate or disruptive behavior are as follows:

1. Clear and specific verbal redirection of what the child should be doing.
2. Remove the child from the activity and assign an age-appropriate "personal time".
3. Verbal/written communication with parent/guardian.
4. Conference with Parent or Guardian and child will be put on "probation" for a designated amount of time to see if behavior improves.
5. If behavior does not improve, there will be a 2nd conference with the Parent/Guardian, and the child will be suspended from the program for one day.
6. Removal from the program.

Drop Off and Pick-up Procedures: The child must be signed in and out each day. Picture ID is required by everyone until the staff knows and recognizes authorized individuals.

Signature:_____

Child needs to be picked up NO LATER than 6:00 pm. If you are running late for any reason, please call and notify the office. There will be a late fee charge of one dollar per minute after 6:00 pm.

Signature:_____

Transportation: I permit my child to be picked up from their school and transported to Hahn's Gymnastics facility. By signing this form, you give permission for your child to be transported in a Hahn's Gymnastics vehicle. The child must understand and follow the rules of the van:

- Stay in your seat, buckled safely, until told by the driver that you can get out.
- Keep hands and feet to themselves.
- Be respectful of other children and the driver while in the van (no yelling, screaming, distracting noises or actions, etc.).
- No eating in the van.

Signature:_____

Medication Policy: If your child needs a prescription medication during our after-school hours, please make arrangements with the front desk staff.

Signature:_____

Registration Paperwork: I understand that registration paperwork must be completed with no areas left blank, or my child will not be able to attend the program. Only the person completing the paperwork may make any alterations to forms. The person completing paperwork is responsible for the monthly tuition payment.

Signature:_____

PAYMENT POLICY

1. A $25.00 registration fee per child is due when registering your child for Hahn's Gymnastics After School Program. This fee is non-refundable and non-transferable.

   Signature:_____
2. Auto payment must be set up for tuition payments. *No Exceptions*
3. Hahn's Gymnastics will process auto payment on the Friday prior to every two weeks.
4. A $35.00 "Late Fee" will be added to your account three days after the due date if auto payment is declined.

   Signature:_____
5. Refunds or credits will not be given for missed days or weeks.
6. A $5.00 "No Call" fee will be added to your account if Hahn's is not notified by 1:00 PM that your child does not need to be picked up at their school.

   Signature:_____
7. A written withdrawal notice must be given to the office two weeks prior to withdrawing your child from Hahn's After School Program. Tuition will be charged until written notice is given.

   Signature:_____

HAHN'S GYMNASTICS, LLC.

18 Legend Drive
Arden, NC 28704
828-684-8832

I, _____ give Hahn's Gymnastics,
Parent/Guardian Name

LLC. Permission to pick up my child _____
Childs Name

from _____ school,
Schools Name

Monday through Friday, for the 20XX-20XX school year.
Year ex.(20XX-20XX)

Parent/Guardian Signature:_____Date:_____