



Perfect Balance Sports

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WWW.PERFECTBALANCEGYMNASTICS.COM

Registration Form 2009/2010

PLEASE PRINT ALL INFORMATION CLEARLY!

Student's Name (please print CLEARLY): _____

Address: _____

City: _____

State: _____

ZipCode: _____

Birthday: _____

Age Now: _____

E-Mail Address: _____

Phone: _____

Emergency/Cell _____

Does your child have any Medical, Physical or Mental conditions? Yes _____ **No** _____

If yes, please explain: _____

List all medication: _____

Class Day: _____ **Class Time:** _____

I will notify the office of Perfect Balance Sports of any changes in the medical condition of my child. In consideration of participating in the programs at Perfect Balance Sports. I represent that I understand the nature of the Activity and that I and/or my child (named on this Form) is 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 the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my or my child's own actions, or inactions, those of others participating the event, the conditions 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 all responsibility for losses, cost and damages I or my child incurs as a result of my/their participation in the Activity.

I hereby release, discharge, and covenant not to sue Perfect Balance Sports, its 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 of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a 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 incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I have read and understand all the Rules and Policies of Perfect Balance Sports. I also understand that once a session has started there is **NO CASH REFUND**. Prior to the 4th class of the session, an in-house credit will be issued and **NO** credit or refund will be issued after the 4th class. All in-house credits must be used by August 2010 or they will expire. In-house credits are non-transferable to other families. **THE REGISTRATION FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND WILL REMAIN IN EFFECT THROUGH AUGUST 2010.**

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

The \$100 deposit is a place holder only. \$50 of this deposit will be applied to the 2009/2010 Registration Fee, which is non-refundable and non-transferable. The remaining \$50 will be applied to the tuition for Session 1. A bill for your Session 1 balance will be sent to you at the beginning of August is due by August 31 to guarantee your child's spot.

Signature of Parent or Legal Guardian: _____