

Peak Athletics Plus
399 Dad Clark Drive, Highlands Ranch, CO, 80126
Registration Form

Parent Information

Mother's Name: _____ Occupation: _____
Father's Name: _____ Occupation: _____
Employer: _____
Home Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home Number: _____ Mom Cell: _____
Work Number: _____ Dad Cell: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Email Address: (e-billing and newsletters): _____
How did you hear about us? (Yellow Pages, Friend, Coupon, Etc.): _____

Student(s) Information

First Name: _____ Last Name: _____
Date Of Birth: _____ Male: Female: Age: _____
Does Participant have any physical or allergic conditions (Asthma, Etc.) that could inhibit or affect their participation? **Yes / No:** If Yes, Medical Alert: _____

First Name: _____ Last Name: _____
Date Of Birth: _____ Male: Female: Age: _____
Does Participant have any physical or allergic conditions (Asthma, Etc.) that could inhibit or affect their participation? **Yes / No:** If Yes, Medical Alert: _____

Peak Athletics Plus Tuition Policies:

- **Returned Check Fee:** A \$25.00 charge will be made for all returned checks.
- **Registration Fee:** Due once a year for each student or family payable at the time of enrollment. This fee is non-refundable and is not transferable. (\$30.00 per student or \$50.00 per family)
- **Tuition:** Tuition is due not later than the first day of the first month of session for that session's tuition, or for new students, on the date that the student registers for class, unless registered for AUTO-PAY system.
- **Session Length:** Students registering for a class will be included in that class until the end of the 12 week session, and parents/guardians are liable for this tuition regardless of attendance.
- **Late Fees:** A \$20.00 fee will be assessed on the second business day of the first month of the session for any outstanding charges. Accounts not paid by the 15th of the first month of any session will result in the student athlete being pulled from class and made ineligible for class activities until the balance is resolved, or dropped from the class roster for non-payment.
- **First Aid:** I give my permission for the staff at Peak Athletics Plus to administer basic first aid if necessary.
- **Liability:** Peak Athletics Plus is not responsible for lost or stolen articles.

Sign here and initial the back of this document:

I have read and agree to the term of registration above and the liability release on the back.

Signature Parent/Guardian: _____ Date: _____

The staff of Peak Athletics Plus recognizes the obligation to *make* our students and their parents aware of the inherent risks and hazards associated with gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor or serious. By enrolling your child in Peak Athletics Plus programs, you are voluntarily assuming the risks involved.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. It is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Peak Athletics Plus will only warn children through "Safety Messages" and teaching style and progressions.

Please initial Each Section:

_____ Eligibility: I have received and read a copy of the general Rules and Policies of Peak Athletics Plus. I agree to comply with and inform my child of such rules.

_____ Safety: I will warn adequately my child about the dangers of gymnastics, cheerleading, tumbling, dance and injury, and will require my child to obey all instructions.

_____ Insurance: I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for my child's protection, *(If you do not currently have health insurance on your child, you MUST fill out an insurance waiver. Please ask for one.)*

_____ Assumption of Risk: I have been informed of the risks associated with participation in Peak Athletics Plus programs and have weighed each of them. I accept them as inherent risks of this activity.

_____ Waiver and Release: I am fully aware of and appreciate the risks, including the risk of injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, dance and cheerleading activities and events.

_____ Consent: I give my consent for the use of photographs of my child on the PeakAthleticsPlus.com website or on other promotional materials. I understand that his/her full name will never be used in conjunction with these photos and that they will be used strictly for the promotion of the cheer, gymnastics or dance programs at Peak Athletics Plus.

_____ Application: I understand that as a parent/guardian in a Parent-Tot class this waiver applies to myself as well as my child.

_____ Financial: I understand that I am responsible for the payment of full 12-week session tuition regardless of attendance, and that refunds will only be given for injuries and/or major illnesses that prevent my child from participating in the class or program as certified by my child's physician.

_____ Hold Harmless: With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have myself and/or my child participate in the programs offered by Peak Athletics Plus. In consideration of Peak Athletics Plus acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastics, tumbling, cheerleading, and dance skills through the use of Peak Athletics Plus staff, equipment, and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless Peak Athletics Plus, its employees, and all others concerned, and to indemnify them against loss.