



## NIX GYM, LLC

138 Turnpike Rd. ~ New Ipswich, NH 03071 ~ 603 878 3051

### REGISTRATION FORM

**Student's name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **work ph #** \_\_\_\_\_ **cell ph #** \_\_\_\_\_  
(Legal Guardian)

**Father's Name** \_\_\_\_\_ **work ph #** \_\_\_\_\_ **cell ph #** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Emergency contact name & ph #** \_\_\_\_\_

### CLASS INFORMATION

Day	Time	Day	Time
_____	_____	_____	_____
_____	_____	_____	_____

**Payment Policy:** Payments are due on the first of the month. Bill will be issued on the 15<sup>th</sup> of the month and mailed or distributed during your gymnast's next class. Your child is enrolled in our program until we are notified that he/she is not continuing. **We must be notified before the first class of the month or you are responsible for the tuition payment for that month.** If your child attends just one class, you are responsible for the entire month. Any bank fees associated with checks returned to us by the bank will be your responsibility and will be billed to your account. Payments received after the due date will be charged a late fee.

**Membership Fee:** The Yearly Membership Fee is \$50.00 per student. A family membership for 3 or more students is \$120.00. The Membership Fee is an annual fee that is due each year, either when a new gymnast first registers or on the anniversary of the first year registration. **This fee is non-refundable, non-transferable.**

**Family Discount:** 10% discount is given for any children of the same family after the first child is enrolled at the regular tuition price. This does not apply to special programs that are already discounted.

**Makeups:** There will be **No refunds for missed classes** including cancellations due to weather or any other unforeseen circumstances. Makeups must be scheduled with the receptionist at your convenience within a month based on availability. Your child must be currently enrolled in order to do a makeup. If your child is scheduled for a makeup and does not show and does not notify us, you will forfeit that class. Makeup openings are rare and times non-existent, so we will enforce these rules. **No credits will be given.**

**Use of Images/Name Identification:** The undersigned authorizes Nix Gym, LLC (hereinafter "Nix Gym") to use images of the students/parents, both with and without name identification, for Nix Gym publicity, promotional and advertising purposes and release any and all claims and/or rights might have as a result.

**Medical/Developmental:** It is important that Nix Gym be made aware of any medical or developmental situation that our students may have. If the student has a medical problem that may require continual doctor's attention or a developmental problem that is currently being treated, please advise us. Specific examples might be loss of hearing, heart problems, asthma, diabetes, LD, ADD, ADHD, scoliosis, arthritis, epilepsy, etc. Please write any pertinent information below.

**Primary Insurance Co. Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Subscriber** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Rules and Obligations:** For the safety of your child, please be on time when dropping off and picking up your child. All children should wait inside the building for their ride. This is a non-smoking facility. No pets are allowed inside the facility. No food, drinks and gum are allowed inside the Gym area. Your child is obligated to follow the Nix Gym rules and policies regarding safety, use of facilities, respect staff and students. Nix Gym reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; **no refunds or credits will be issued.**

**Parent/Guardian Waiver and Release:** I fully understand that Nix Gym Staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize and release Nix Gym to render temporary first aid to the student in the event of any injury or illness, and if deemed necessary by Nix Gym staff to seek medical help and/or call an ambulance. You agree that you are aware that your son/daughter will be engaging in physical exercise involving sports and fitness which could cause injury to them. You agree that your son/daughter is voluntarily participating in these activities and is assuming all the risks of injury, including total disability, paralysis and death that might result. You hereby agree to waive any claims or rights against Nix Gym LLC and it's owner's staff and instructors for any liability, loss, costs, damage, medical expense, long-term care, emotional distress or compensation that might incur as a result of these activities. Nix Gym will make no evaluation or recommendation whether your son/daughter is physically fit for any physical activity. If your son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program.

**I have read and understand all the policies listed above.**

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Start Date \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Class Fee \_\_\_\_\_ Discount \_\_\_\_\_  
Balance \_\_\_\_\_ Amt.Pd. \_\_\_\_\_ Cash/Ck# \_\_\_\_\_ Initials \_\_\_\_\_

