



**UNIVERSITY OF GYMNASTICS @ PLANO, Inc.**

**★ Summer MDO / Camp 2011 ★**

**972.423.5709 Fax: 972.423.2094**

Student's Name: \_\_\_\_\_ Gender:  Male  Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2011): \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mom Cell#: \_\_\_\_\_ Mom Wk#: \_\_\_\_\_

Dad Cell#: \_\_\_\_\_ Dad Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Conditions or Allergies: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

( ) M.D.O.	Days	Enrollment Fee	Supply Fee	Deposit	Monthly Tuition	
<b>June 6 To Aug 12</b>	____ <b>Monday</b>	\$15 (new students only)	\$25 (one day / week)	<b>One Month Tuition</b> <i>Applied to your summer account.</i>	1 Day	\$131
	____ <b>Tuesday</b>				2 Days	\$230
	____ <b>Wednesday</b>	\$10 (2 <sup>nd</sup> child)	3 Days		\$345	
	____ <b>Thursday</b>		4 Days		\$460	
	____ <b>Friday</b>		5 Days		\$560	
			\$75 (3 or more days)			

CAMPS	Dates	Deposit	Total Day Camp Tuition
( ) Camp 1	June 6 - June 10	\$100	\$150
( ) Camp 2	June 13 - June 17	\$100	\$150
( ) Camp 3	June 20 - June 24	\$100	\$150
( ) Camp 4	June 27 - July 1	\$100	\$150
( ) Camp 5	July 5 - July 8	\$100	\$120
( ) Camp 6	July 11 - July 15	\$100	\$150
( ) Camp 7	July 18 - July 22	\$100	\$150
( ) Camp 8	July 25 - July 29	\$100	\$150
( ) Camp 9	Aug 1 - Aug 5	\$100	\$150
( ) Camp 10	Aug 8 - Aug 12	\$100	\$150

I need Extended Care for MDO (8:00am - 6:30pm) \$66/month per day enrolled Days: \_\_\_\_\_

I need Extended Care for CAMP (8:00am - 6:30pm) \$83 per camp enrolled (5 days) \_\_\_\_\_

- ◆ All deposits will be deducted from the tuition due the first day of program.
- ◆ I acknowledge, by signing this form, that I have read and understand policies of registration on the back of this form and that Enrollment, Supply, and Deposit Fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

Office Notes: \_\_\_\_\_

# UNIVERSITY OF GYMNASTICS @ Plano, Inc.

## Registration Policies and Procedures

- I understand all fees are NON-REFUNDABLE and NON-TRANSFERABLE. (Fees can not be transferred to other programs or from one child to another.)
- I understand a \$10 transfer fee will be charged for changing Mother's Day Out days or Day Camps after May 15, 2011.

### Discharge Policy:

In order to provide quality programs, we must reserve the right to discharge a child for any of, but not limited to, the following reasons:

1. Behavior or concerns regarding the school's ability to service his/her needs.
2. Inadequate Cooperation of Parents by failing to:
  - Complete and return the required forms within 3 days of enrollment.
  - Pay tuition and fees in full by the first day of the session.
  - To observe policies relating to arrival and departure of the children to and from the school.

### Extended Supervision Fees:

In consideration for your child and our staff members, anyone not picked up 10 minutes after the hour of carpool (For example: 2:00pm carpool should end at 2:10pm) will be assessed a late fee of \$1 a minute.

### Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in the University of Gymnastics, I represent that I understand the nature of this Activity and that I am 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 in 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 own actions, or inactions, those of others participating in 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 incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue University of Gymnastics, 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 the 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.

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Date

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

Mail Checks to: 1400 Summit Ave. #D, Plano, TX 75074