

# SPECTRUM SPORTS, Inc.

138 W. Carmel Dr.  
Carmel, IN 46032  
587-1503

REGISTRATION: Individual \$30.00 / 2<sup>nd</sup> \$20.00 / Re-Enroll Fee\$ 15.00 \$

TUITION \_\_\_\_\_

**PAYMENT DUE** \$ \_\_\_\_\_

## OFFICE ONLY

Student's Last Name First Name Address City Zip School Grade

Level \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Enroll \_\_\_\_\_

Parent's Name Home Phone Work Phone Cell Phone Student's Date of Birth

\*Physical or mental conditions we should be aware of: I will inform Spectrum of any new problems or conditions as they arise: \_\_\_\_\_Initials

**E-Mail** \_\_\_\_\_

### Read Carefully

I hereby enroll \_\_\_\_\_ in Spectrum Sports program.

\*I agree, to pay monthly tuition on the last class day of the previous month.

\*I agree, to pay a late fee of \$5.00 per child if paid after 1<sup>st</sup> class of new month's tuition

\*I agree, Spectrum Sports may collect from parents all costs incurred by enforcing the terms of this agreement, collection agency, court costs, and reasonable attorney fees.

\_\_\_\_\_Initials

\*Discontinuing my child's class, I will give a **PAID 2 WEEK WRITTEN WITHDRAWAL NOTICE.**

\*It is effective for two more classes after written notice. Is received in office

\*NO written notice on file, you are charged two week tuition & late fee from last attendance.

\***NO VERBAL WITHDRAWALS or TUITION CASH REFUNDS**

\_\_\_\_\_Initials

\*I agree, that Spectrum Sports can use photographs and my child's name in promotion.

\*I agree to follow the written policies of Spectrum and I will inform my child of gym rules.

\*Make Up placement is at our discretion.

\*M-Ups must be completed while enrolled & within 3 weeks of missed class

\*M-Ups cannot be rescheduled once scheduled

I/We assume all risks involved in participation in Spectrum Sports, and all programs offered and hereby waive all claims against Spectrum Sports, Inc., its' agents, principals and employees for any injury suffered by my child connected with programs/privates conducted at Spectrum Sports, Inc. In case of Emergency, Spectrum will call 911.

I have read the above policies and warnings. I fully understand and agree to them.

### Notification Of Risk

Gymnastics, like any other athletic activity involving motion, rotation, and height, involves a risk of injury. You can be injured, and these injuries can be serious. Injuries include broken bones. They are painful. Paralysis or even death can result from landing improperly or on your head or neck.

There is **NO LANDING SURFACE** that can entirely prevent this from happening. The incidence of injury is very small. However, no coach, no equipment, and no procedure can completely eliminate these risks.

These are risks **YOU ASSUME** when you practice gymnastics.

This is why it is so important for you to follow a systematic, steady progression of learning, starting with basic skills done consistently and correctly, moving on to more difficult skills only after pre-requisite skills have been mastered. It is very important to practice under the supervision of professionals in a program directed by managers and coaches who have a **current United States Gymnastics Federation Safety Certification.**

Following the rules (coming to class on time, avoiding horseplay at all times, removing all jewelry and gum prior to participation, keeping hair tied back, and following instructions) will significantly reduce your risks. It is **your responsibility** to see that you follow these rules.

I certify that I have read and been notified of all risks. I certify that I have discussed all risks with child enrolled at Spectrum for classes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date