



Celebrating our 10th anniversary!

Child's name _____ M ___ F ___ Home Phone _____

Street _____ City _____ Zip _____

Birth Date _____ Gym Class Day/Time _____ Email _____

Mother's Name _____ Occupation _____ Work/Cell _____

Father's Name _____ Occupation _____ Work/Cell _____

Family Doctor _____ Phone _____

Does the child have any known allergies, medical conditions, learning/physical disabilities or limitations? _____

If so, please explain _____

How did you hear about us? **Friend (Who?)** _____ **Yellow Pages** _____ **Internet** _____

Birthday Party _____ **Newspaper (Which one?)** _____ **Other** _____

What preschool/school does your child attend? _____

If your child were to appear in a group or individual photo taken on our premises or at an event, are we free to use it for advertising purposes (brochures, gym signs, etc.)? Yes _____ No _____

I hereby agree that neither The Champion Factory, Inc., nor its agents, employees, officers, or directors shall be liable for any injuries, damages, or losses sustained by my child, _____, which are in any way related, whether directly or indirectly, to my child's participation in Gymnastics Classes, Gymnastics Camp, Parties, Overnights, or Special Events.

CAUTION: Any activity involving motion, rotation, or height may cause accidental injury. As legal parent/guardian of _____ I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion including but not limited to gymnastics, tumbling, trampoline, circus arts, cheerleading. In addition, I understand that some programs may require the participant to be transported to and from various locations and as a result of such transportation a participant may be injured or killed in a vehicular accident. I ACCEPT ALL RISKS ASSOCIATED WITH PARTICIPATION IN CLASSES, PROGRAMS RUN BY, OCCURRING UNDER THE SUPERVISION OF OR ON THE PREMISES OF THE CHAMPION FACTORY, INC.

I understand that this is a continuous school year program. All payments are due two weeks prior to the beginning of the next session. If I wish to add, change, or drop a class, I must notify the office in writing two weeks prior to the beginning of the next session. If I do not, I understand that The Champion Factory can assume that I will be continuing and I will be responsible for the session payment. If my account becomes PAST DUE at any point, I authorize my credit card on file to be charged the balance due. I understand that NEW MEMBERS are entitled to a refund for the remaining classes if The Champion Factory is notified within the first 3 weeks of class. After the fourth week, The Champion Factory will issue a gym credit to the new member's account. I have read, understand, and accept all The Champion Factory policies and procedures.

Parent/Guardian Signature _____ Date _____

The Champion Factory Gymnastics & Circus Arts



RELEASE OF LIABILITY FOR PERSONAL INJURY

I, _____, for myself and as the parent/legal guardian of _____, age _____, do hereby forever release The Champion Factory, its owners, operators, instructors, employees, agents and servants, from any and all liability for personal injury, losses and/or damages to me or my child and/or ward as a result of, or in the course of, or in any way related to my child's use of the facilities, equipment, apparatus or premises of The Champion Factory, located in Chickering Plaza in North Andover ("said gymnastics academy") and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by The Champion Factory, whether at said gymnastics academy or elsewhere. On behalf of myself and my child, I agree to indemnify and hold harmless The Champion Factory and its owners, operators, instructors, employees, agents and servants from any and all claims, demands, costs, expenses and compensation arising out of, or in the course of, or in any way related to any personal injury to me or my child, including all legal fees incurred by The Champion Factory, Inc. and/or its employees, agents, officers and directors in defending any action which does not result in a judgment against The Champion Factory, Inc., its employees, agents, officers and/or directors as the result of a claim or suit.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Credit Card on file: _____ Type: _____ Exp. _____

Sess. 1 Due: _____ Amount Paid: _____ Form of payment: _____ Balance: _____

Sess. 2 Due: _____ Amount Paid: _____ Form of payment: _____ Balance: _____

Sess. 3 Due: _____ Amount Paid: _____ Form of payment: _____ Balance: _____

Phone calls: _____ Date: _____ Concern: _____

In computer?		Date _____	\$25 off		Date _____	Open house		Date _____
Student packet		Date _____	\$30 off		Date _____	End of year		Date _____
New student card		Date _____	Birthday coupon		Date _____	Suggested class		Date _____
Miss you card		Date _____	Champ camp		Date _____			Date _____
It's cold out		Date _____	Camp coupon		Date _____			Date _____