



ASAP REGISTRATION FORM



Child (1) First Name: Last Name: D.O.B.: Grade: Sex: M F
*Medical Conditions:

Participating In: ASAP ADDITIONAL DISCOUNTED CLASS (circle all that apply)
Class Name: Day: Time: Instructor:

Child (2) First Name: Last Name: D.O.B.: Grade: Sex: M F
*Medical Conditions:

Participating In: ASAP ADDITIONAL DISCOUNTED CLASS (circle all that apply)
Class Name: Day: Time: Instructor:

Child (3) First Name: Last Name: D.O.B.: Grade: Sex: M F
*Medical Conditions:

Participating In: ASAP ADDITIONAL DISCOUNTED CLASS (circle all that apply)
Class Name: Day: Time: Instructor:

* If medications are needed, please fill out the Medication Authorization Form.

Mom Name: Last Name: Cell: ()
Dad Name: Last Name: Cell: ()
Home Phone () Emergency Contact: Phone:()
Address: City: State: Zip:
Email Address: Alternate Email:

School Information: Please choose the school your child(ren) will be attending:
___ Oriole Beach Elem. ___ Navarre Primary ___ St. Paul Methodist ___ Gulf Breeze Elem. ___ Navarre Intermediate
___ Woodlawn Middle ___ Gulf Breeze Middle ___ Good Shepherd ___ Other: ___

Payment and Attendance Plan

Must place a credit or debit card on file to enroll your child

Please understand that if you ADD any day(s) to your child's attendance plan, a rate of \$22/day will be charged, if your child is absent, for any reason, you will still be charged the amount of your initial plan.

*Part Time (1-2 days / week): (CIRCLE DAYS ATTENDING) Monday Tuesday Wednesday Thursday Friday
MUST PAY MONTHLY (please initial by choice)
1Day/ WK: \$140.00 / Month ___ Sibling Rate: \$123.20 ___ 2Days/ WK: \$180.00/ Month ___ Sibling Rate: \$158.40 ___

*Full Time (3-5 days / week): (CIRCLE DAYS ATTENDING) Monday Tuesday Wednesday Thursday Friday
Option of Weekly or Monthly Payments (please initial by choice)
Weekly Payments ___ OR Monthly Payments ___
3 Days/Week: \$55.00 ___ Sibling Rate: \$48.40 ___ 3 Days/ Week: \$220.00 ___ Sibling Rate: \$193.60 ___
4 Days/ Week: \$65.00 ___ Sibling Rage: \$57.20 ___ 4 Days/ Week: \$260.00 ___ Sibling Rate: \$228.80 ___
5 Days/ Week: \$75.00 ___ Sibling Rate: \$66.00 ___ 5 Days/ Week: \$300.00 ___ Sibling Rate: \$264.00 ___

*Transportation Only:(Includes snack and care between arrival from school and classes that start at 3:30. Children must be picked up by 4:30pm): (CIRCLE DAY ATTENDING) Monday Tuesday Wednesday Thursday Friday
___ Oriole Beach Elementary: \$32.00/ Month for 1 day a week ___ All other schools: \$48.00/ Month for 1 day a week

Annual Registration Fee: Single Child (\$45) ___ Family (\$75) ___

Payment Options: [] AutoPay with: VISA MASTERCARD DISCOVER (fill out credit card authorization form)
[] PrePay: Pay in Person by CC, Cash, or Check (must receive this payment by Thursday at 6pm or cc on file will be charged Friday morning)

I have read and am familiar with the safety guidelines and policies within the registration packet.

Signature: Date:



Please use the following waiver:

When you have any participant that is a **minor**.

** (Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and /or Legal Guardian.

This waiver, when the parent gives parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. **This waiver only covers the minor.** If the Parent decides to participate in the same activity as the minor please **Make sure the Parent also signs the other Waiver in addition to this waiver.**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the ASAP Program 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 Gulf Breeze Gymnastics, LLC, 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: _____

Signature of Participant (If OVER age of 18)

PARENTAL CONSENT

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

Child's Full Name: _____
(Last name first)



The FunPlex of Gulf Breeze
ASAP Registration 2011-2012

Pick Up Authorization

I, _____, authorize the following people to pick up my child (children):

Charging Authorization

My child (Is / Is Not) allowed to charge items to his or her account. (Icees, snacks, drinks, etc.)

CIRCLE CHOICE

Medical Information

My child has the following allergies and/ or medical conditions*:

*My child takes medication and I have filled out the Medication Authorization Form. Y/ N

Photo Authorization

I do ____ do not ____ give my permission for my child to be photographed or videotaped by The Funplex. I understand that the photographs could be used for public display to other students, parents, and staff.

Additional Information

ANY information you would like us to know about your children that would help us get to know them better:

Emergency Contacts

1. _____

2. _____

Parent Signature: _____ Date: _____

Child's Full Name: _____
(Last Name First)



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
The bottom portion of this form will be shredded.

I _____ hereby authorize The Funplex of Gulf Breeze, to charge my credit card or debit card for all services and products related to my family's enrollment in classes and activities at The Funplex of Gulf Breeze. Including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session, periodic or as determined within your program, unless I notify the front office at The Funplex of Gulf Breeze. I understand that it will not be sufficient notice to tell an instructor or supervisor of your intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including written notice to The Funplex of Gulf Breeze of any intent to discontinue any programs. I agree to turn in a cancellation form prior to the 25th of the month prior to the desired month of cancellation. I agree to notify The Funplex of Gulf Breeze immediately of any change in the status of my charge account including card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Print Name: _____

Sign: _____

Dated: _____

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Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Once signed return the completed form to:

The Funplex of Gulf Breeze
3123 Gulf Breeze Parkway
Gulf Breeze, FL 32563
Phone: 850-932-2297
gulfbreezegym@gmail.com