

Pinnacle Gymnastics

www.pinnaclegymnastics.com

Shawnee
23803 W 83rd Terrace Shawnee, KS 66227
913-422-0161 PinnGym@gmail.com

Overland Park
12505 Hemlock St Overland Park, KS 66213
913-239-0031 PinnGymOP@gmail.com

Pinnacle Registration Form	Date / /
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Student's First Name _____	Last Name _____
Birthdate / / Sex _____	Grade _____ School _____
Home Address _____	
City _____ State _____	Zip _____
Phone () - _____	Email Address _____

Parent/Guardian Info

Father's Name _____	Work/Cell Phone () - _____
Mother's Name _____	Work/Cell Phone () - _____
Family Doctor _____	Phone () - _____
Emergency Contact Other Than Yourself _____	Phone () - _____
Medical Conditions, if any: _____	
How did you hear about Pinnacle? _____	

Class Information

Class 1	Choice 1: Day: _____ Time: _____ Code: _____ Location: Shawnee OP	Student: _____
	Choice 2: Day: _____ Time: _____ Code: _____ Location: Shawnee OP	
Class 2	Choice 1: Day: _____ Time: _____ Code: _____ Location: Shawnee OP	Student: _____
	Choice 2: Day: _____ Time: _____ Code: _____ Location: Shawnee OP	

Pinnacle Gymnastics Terms and Conditions

_____ **PINNACLE TUITION FEE** is payable through EFT or automatic credit card payment on the 1st or the 15th of each month.
NO EXCEPTIONS. Tuition can be paid via EFT, Visa, Mastercard, or Discover.

_____ **ANNUAL REGISTRATION FEE** of \$15 is non-refundable and must be paid along with the first month's tuition for EACH child. If classes are dropped for three months or there is not a written notice of a drop, the registration fee must be reestablished. Maximum registration fee \$30 per family.

_____ **DROPPING CLASSES** is permitted only by notifying the office (telling a coach is not sufficient) before the 27th of the month prior. Failure to drop by the **27th of the month prior will result in a \$10 processing fee** upon refund.

_____ **MAKE-UP CLASSES** - There are **NO REFUNDS, DISCOUNTS or PRORATES** if the student is absent, and absences are not transferred to other classes. An open gym coupon is available for class absences.

_____ **PHOTOGRAPHY** - I give my permission to Pinnacle Gymnastics to use photographs, audio and video recordings of my child, without compensation, for promotional activities. I further agree to hold Pinnacle free and harmless from all claims arising from the use of said photographs, audio and video recordings, and facsimile images when used within the scope described above.

Medical Release Form

- I give my approval for the above named student's participation in any and all activities of the PINNACLE GYMNASTICS, LLC programs.
- I hereby forever waive, and forever release and discharge Pinnacle Gymnastics, LLC, their officers, directors, employee and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by Pinnacle Gymnastics, LLC.
- I authorize the representatives of Pinnacle Gymnastics, to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Pinnacle Gymnastics.
- I understand that participation is entirely by my own choice and with the understanding that there is risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- Pinnacle Gymnastics, is not responsible, whatsoever, for anything that happens before or after the students designated workouts and dance classes.
- **I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.**

Signature of Parent/Guardian _____	Date ____/____/____
Witness _____	Date ____/____/____

Office Use Only

Account Number: _____	Payment Form: _____	Start Date: _____
Entered in DB: _____	Entered in QB: _____	Location: PGS PGOP