



REBOUNDERS GYMNASTICS, INC
NON-COMPETITORS MEMBERSHIP CONTRACT 2018-2019
GYM CUB GIRLS/BOYS

THIS IS A SAMPLE CONTRACT ONLY.
PLEASE DO NOT COMPLETE THIS HARDCOPY.
CONTRACTS ARE TO BE COMPLETED ONLINE ONLY THROUGH OUR PORTAL

Gymnast's Name: _____ Birthday: ____/____/____ Age: ____
School: _____ Grade: _____
Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guardian's Name: _____ Work #: __-__-__ Cell #: __-__-__

E-mail: _____ Occupation: _____

Parent/Guardian's Name: _____ Work #: __-__-__ Cell # __-__-__

E-mail: _____ Occupation: _____

Please
Read &
Initial
Below

Yearly Financial Commitment:

____ I (We) understand that my/our child has been chosen for a select training program at Rebounders Gymnastics, Inc. This training program requires a yearly commitment: July 1st through June 30th of each year. Pre-Team status will be re-evaluated each year for team placement.

____ I (We), understand that financial obligations must be met by paying the monthly tuition fees due on the 5th of each month for the entire year, regardless of vacation schedules, missed practices and the competition season ending before the end of June, as stated in the handbook. See attached "Monthly Tuition Fees" (pg. 4).

Rebounders **requires** all team members to **guarantee monthly tuition fee payment** by providing a current accepted credit card. I(we) understand that it I(we) will be responsible to keep that card updated and current to avoid a \$20 administrative fee if the card is declined.
I understand that my child will not be allowed to practice if tuition payments are not paid in full by the 10th of each month.

To avoid the monthly tuition charged to my credit card, alternate payment by cash, check or an alternate credit card **must be received before the 5th of the month.**

In case of change in practice hours, I (we) will be responsible to complete a request for "Team Status Change Request Form" (pg.12) signed by athlete's coach. Request must be received prior to the change, as it may affect monthly tuition. **Reduced fees are NOT retroactive.**

In case of early contract termination, before June 30th, I (we) will comply with the **Financial Schedule, (pg. 4).**

Other

I(we) understand that this completed contract must be submitted online before practice on July 1, 2018 in order for my daughter to be able to continue to practice with the Gym Cubs.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Monthly Tuition Fee Schedule

2018-2019

Time & Financial Commitment

You are required to provide a current Visa, MC or Discover card to guarantee tuition payments. You may pay by cash, check or alternate credit card before the 5th of each month. After that time period your credit card will be charged the monthly tuition amount. A \$20 administrative fee will be charged to your account if credit card is declined.

Monthly Tuition Fee Schedule 2018-2019			
Gym Cub Boys & Girls			
Practice Hours Per Week	Practice Hours Per Month	Monthly Tuition	Cost Per Hour
1	4	\$103	\$25.75
2	8	\$144	\$18.00

I, _____ have read the above Monthly Tuition Fee Schedule, understand and agree to all conditions and terms mentioned.

Parent/Guardian Signature

TEAM COMMITMENT IS FOR A FULL YEAR

The decision to join the Rebounders Gymnastics Pre-Team reflects a commitment to the team for an entire year. Pre-Team members do not move on and off the team based on illness, injury, conflicts, or the like. Pre-Team Tuition Fees would be higher if we determined tuition based on the likelihood that some team members might not be able to attend for various reasons. Computing a high number of gymnast hours in the gym lowers the cost to everyone. That is why there are no discounts for missed workouts. In order to provide the proper program, high quality instructors and an adequate training facility, members are expected to participate year round. You will be required to pay three months of tuition (for the quarter) to terminate a contract before June 30th. We follow a Financial Schedule (see below).

Parents must complete the Team Change Request Form, signed by gymnast's coach, for early contract termination. REQUESTS ARE NOT RETROACTIVE.

2018-2019 QUARTERLY FINANCIAL SCHEDULE

Termination during **First Quarter** – July 1 through September 30: continue payment through **September**
Termination during **Second Quarter** – October 1 through December 31: continue payment through **December**
Termination during **Third Quarter** - January 1 through March 31: continue payment through **March**
Termination during **Fourth Quarter** - April 1 through June 30: continue payment through **June**

I, _____ understand that I can only terminate this contract at the end of each quarter (September, December, March or June) as shown above.

TRANSPORTATION AND MEDICAL RELEASE WAIVER

PRINTED FULL NAME OF ATHLETE: _____

In consideration for my membership on the Rebounders Gymnastics Team, I agree to be bound by each of the following:

TRANSPORTATION WAIVER AND RELEASE: In the event that transportation is provided to an activity by Rebounders Gymnastics, Inc., I hereby give permission for my child to travel to and from those activities in the vehicle provided and agree not to hold Rebounders Gymnastics, Inc., its directors, officers, agents or employees liable for any accident or injury suffered or contracted in connection with such travel.

MEDICAL ATTENTION: I hereby give my consent for Rebounders Gymnastics, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my participation in Rebounders Gymnastics, Inc. activities. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said persons from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

I understand that the consent and authorization herein granted does not include major surgical procedures, unless necessary to save the individual's life. This consent is valid for one year from the date indicated below.

A Xerox, photocopy, or carbon copy of this authorization shall be considered as effective and valid as the original.

I understand that I will be contacted as soon as possible in the event that my child is brought to the hospital for treatment. If I am not available, please contact:

Emergency contact: _____ Relationship to gymnast: _____

Phone # _____

I also consent to the release of a report containing diagnosis and other medical information related to the examination and treatment of the above patient to such agencies, including insurance companies, as might be considered with payment of charges for hospital services.

Insurance Carrier _____ Policy Number _____

Name of person holding the policy _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Signature of Parent/Guardian

Printed name of Parent/Guardian

Relationship to Child

Date

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: REBOUNDERS GYMNASTICS IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS AT REBOUNDERS GYMNASTICS CLUB FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF REBOUNDERS GYMNASTICS, ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Rebounders Gymnastics, Inc. and any of their owners, officers, employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Rebounders Gymnastics, Inc. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics is a vigorous sporting activity involving height and rotation in a unique environment, and as such, poses a risk of injury. I understand that gymnastics and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Rebounders Gymnastics and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Rebounders Gymnastics, Inc. activities or any activities incidental thereto whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the law of the state of Maryland and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Maryland.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Rebounders Gymnastics, Inc. or any person listed above.

Signature of Parent/Guardian _____ Date _____

Signature of Participant if over 18 years of age _____ Date _____



RELEASE FORM
Video/Photographic/Website Release

I, _____ hereby give Rebounders Gymnastics, Inc. my permission to use photography and or video clips of my child _____ for the purpose of advertising, brochures, Rebounders website, television broadcasting, and/or use of any video or photographic materials for any lawful purpose.

Parent/Guardian Signature

Date

TEAM CHANGE REQUEST FORM
(To be turned into Management)

All requests must be approved and signed by coaches to be accepted by management for authorization!

Date of Request: _____

ATHLETE'S NAME: _____ REQUESTER'S NAME: _____

Current Team Level: _____ Phone #: _____ Email: _____

Please Check One Below:

___ **Request for Tuition Fee INCREASE due to Level change or increase in weekly practice hours.**

New level: _____ Current weekly practice hours: _____ New weekly hours: _____

Starting Date: ____/____/____ Approved by: _____
Coach's Signature (required)

___ **Request for Monthly REDUCTION due to _____** (e.g. injury, illness... Doctor's note is required)

Current weekly practice hours: _____ New weekly hours: _____ Fee: \$_____.____

Starting Date: ____/____/____ Expected Returning Date: ____/____/____
Approved by: _____
Coach's Signature (required)

___ **Request for EARLY Contract Termination - See Financial Schedule for fee owed**

Due to _____ (e.g. injury, moving...)

Requested termination Date: ____/____/____ Approved by: _____
Coach's Signature (required)

Tuition Fee Owed: \$_____.____ *Fee will be charged to credit card on file

Parent Signature: _____ Date: ____/____/____

Request authorized by: _____ Date: ____/____/____
Manager's signature

REQUESTS ARE NOT RETROACTIVE
REQUEST MUST BE APPROVED and SIGNED BY YOUR COACH
REQUEST MUST BE AUTHORIZED BY MANAGEMENT