

# Aerial Express 2023-2024 Registration

1) Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 2) Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 3) Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**Note: We need your current email address(es) so that we can inform you of cancellations, special events, etc. throughout the year.**

Parent(s) / Guardian: \_\_\_\_\_

Additional Parent / Guardian: \_\_\_\_\_

(if different from above) Address: \_\_\_\_\_

(if different from above) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Secondary e-mail address \_\_\_\_\_

In an emergency Aerial Express will attempt to contact the parents/guardians first. If a parent/guardian cannot be reached, the *person other than yourself* to be notified is:

Name/Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Does your child have any physical or mental health conditions, any recent injuries, or surgeries we should be aware of? (Breathing problems, allergies, heart condition, etc.)

**Existing medical conditions require a doctor's release for your child to participate in any activities. Bring a note with your child's doctor's signature.**

**Registration Fee** – Your annual, non-refundable registration fee is payable at the time of enrollment.

**Child's Safety** – I understand that I am responsible for the behavior and safety of anyone in my care (includes the student, student's friends, siblings, and anyone else dropped off) while on the Aerial Express premises...including parking lots, bathrooms, waiting areas, etc. **Pre-school parents** must be available to their child **at all times** for bathroom supervision and emergencies. I and my child understand that they should not go outside (or outdoors) or otherwise leave the Aerial Express premises without an adult.

**Tuition** – I understand tuition is due by the 1<sup>st</sup> class of each month. A \$10.00 late fee will be applied after that. I know there will be a \$30.00 charge for all NSF checks. My child will not be allowed to take classes if our bill is more than 30 days past due. No installments will be allowed except for families with more than one child in class or a child who takes multiple classes. Tuition will be 9 equal monthly payments September – May. (June will be a partial payment)

**Due to our limited class sizes, there will be no makeups for classes.**

**Inclement Weather/ Act of God Policy** – There will be no credit given for the first cancellation on any given day of the week. Additional cancellations on the same day of the week will receive credit. As an example, the first cancelled class of the year on a Monday will not be given credit. However, additional cancelled classes on Monday will be given credit. You can check Facebook Page for Cancellation information.

Signing this form acknowledges that I am aware my child is automatically re-enrolled in class monthly. I am responsible for payment of classes until I inform the office, in person or in writing, of my child's withdrawal from class. **NO REFUNDS.**

How did you hear about Aerial Express? Referred by: \_\_\_\_\_  Returning Customer  Sign  Internet  Advertisement

**Office Use Only:** Tuition: \_\_\_\_\_ Registration: \_\_\_\_\_ First Class Date \_\_\_\_\_ Date released by \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date/Initial \_\_\_\_\_ Check#/Cash \_\_\_\_\_

in person  in writing

THE SIX AGREEMENTS below pertain to participation at and for Aerial Express Inc. dba Aerial Express Gymnastics and Dance and their respective officers, employees, volunteers, subcontractors, tenants, and other agents, hereafter collectively referred to as “Aerial Express”.

1. CONSENT TO PARTICIPATE FOR MINORS: As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in any and all programs at or for Aerial Express. I am aware and agree that spotting is an essential part of training my gymnast in order to keep him/her safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Aerial Express, knowing that it is impossible to keep him/her, myself or anyone else who enters the gym completely safe from exposure to the Covid-19 virus or any other illness. I accept that risk.

2. PERPETUAL COVENANT NOT-TO-SUE: In consideration for my child(ren)’s or my participation at Aerial Express I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE Aerial Express from all liability resulting from damages or injuries incurred as a result of participation at or for Aerial Express. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at Aerial Express, and that this agreement remains in force until I revoke it in writing.

3. ASSUMPTION OF RISK: I acknowledge that sports and activities involving height, motion, or inversion, including but not limited to gymnastics, trampoline, cheerleading, ninja, martial arts, and dance, carry the risk of severe injury, including paralysis or death. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Aerial Express and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Aerial Express may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Aerial Express employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s or my attendance at Aerial Express or participation in Aerial Express programming.

4. SUPERVISION OF MINORS BEFORE AND AFTER CLASS: I acknowledge that Aerial Express is not a drop-off facility and is not equipped to supervise my child(ren) before and after class.

5. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES: In the event of a medical emergency, I authorize that my child(ren) and/or I be transported to a medical facility for treatment, and I hold Aerial Express harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for Aerial Express.

6. PHOTO AND VIDEO RELEASE. I grant my permission to Aerial Express to use my child(ren)’s or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by Aerial Express. I understand I will not receive payment or other compensation for the use of any image or recording.

NOTE: Acceptance of these six agreements is required to enroll in any Aerial Express program.

**Aerial Express has made Concussion protocol material available to us.**

**I have received and agree to complete the COVID-19 Class Screening Questions for myself and my child(ren) prior to each class we attend.**

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

X \_\_\_\_\_  
Printed Name of Parent or Legal Guardian

X \_\_\_\_\_  
Date