



KIDtastic

Enrollment Agreement

For Office Use Only	
Date _____	
Reg Fee _____	Tuition _____
Total _____	Method of Payment _____
Balance _____	Scheduled by _____
Physician's Release _____	
Notes _____	

1st Student Last Name _____ First _____ D.O.B. ___/___/___ M/F _____

1st Class Choice Day _____ Time _____

Circle Preference: Private Lesson / Semi-Private Lesson / Class

2nd Class Choice (if taking 2 classes weekly) Day _____ Time _____

Circle Preference: Private Lesson / Semi-Private Lesson / Class

Alternate Choice (if 1st choice class is full) Day _____ Time _____

2nd Student Last Name _____ First _____ D.O.B. ___/___/___ M/F _____

1st Class Choice Day _____ Time _____

Circle Preference: Private Lesson / Semi-Private Lesson / Class

2nd Class Choice (if taking 2 classes weekly) Day _____ Time _____

Circle Preference: Private Lesson / Semi-Private Lesson / Class

Alternate Choice (if 1st choice class is full) Day _____ Time _____

NOTE: Should the physical condition of your child change at any time, a new physician's release form must be completed. Any operations performed or change in medication must be reported immediately. Contact your instructor for additional forms.

Parent/Guardian Information

Mother's Name _____ Father's Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____ Work # _____

Emergency Contact Name and Phone # _____ Email _____

CARD HOLDER NAME: _____ VISA/MASTERCARD _____

CREDIT CARD NUMBER: _____ EXP Date _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in gymnastics/tumbling, I understand the nature of this activity and represent 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, costs, and damages, I incur as a result of my participation in the Activity. I hereby release, discharge, and convent, not to sue Harpeth School of Gymnastics LLC (HSG) it's 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 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 INDMNITY 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 into 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.

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.

X

Print Participant(s) Name

Parent's Signature

Date

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

Harpeth School of Gymnastics likes to use pictures of students on our website, brochures, etc. This form allows or prohibits HSG to use your child's picture or videotape for marketing purposes.

____ Yes, I give permission for my child to be photographed and/or videotaped for publicity or marketing purposes. My child's first name may be used; however, if my child is to be identified by first and last name, I must be notified in advance to give express approval prior to publication.

____ No, please do not use pictures of my child for anything outside of the gym.

KIDtastic Policies

- **TUITION:** Lessons MUST be paid for in advance! Tuition is DUE on the 1st day of each month regardless if it is a holiday or if the gym is closed. Tuition is the same amount each month regardless if the month has 3, 4, or 5 lessons. We plan and provide a place for your child, therefore MISSED CLASSES CANNOT BE DEDUCTED FROM TUITION. We DO NOT send out monthly billing statements. You may place tuition in the tuition box or mail to Harpeth Gymnastics 2204 Hillsboro Rd., Franklin, TN 37069
- **AUTOPAY CHARGE:** HSG will charge your credit/debit card on file on the 8th of each month for any unpaid tuition balances (including a \$5 transaction fee.) NO EXCEPTIONS!
- **LATE FEE:** On the 8th of each month, a \$10 late fee will be applied to past due accounts
- **CREDIT/DEBIT CHARGE:** I understand that if I miss payment deadlines, HSG has my permission to run any and all unpaid charges on the credit card number that I have provided on my registration form including a \$5 transaction fee, and my signature is not required for this transaction. I understand that if my credit/debit card is used, overdraft charges may occur, and are my responsibility.
- **PAST DUE ACCOUNTS:** If your gymnastics account becomes 30 days past due, your child's classes will be suspended until payment is received.
- **REGISTRATION FEE:** A NON-REFUNDABLE amount due upon registration. It is prorated throughout the year, and comes due again each August.
- **RETURNED CHECK CHARGE:** There will be a \$20 charge on all returned checks.
- **CASH PAYMENTS:** PARENTS must complete a CASH ENVELOPE for all cash payments. Please give all cash payments to office personnel.
- **MAKE-UP CLASSES: ONE MAKE-UP CLASS PER MONTH** is offered on the last Saturday of the month. The parent must pre-register for a make-up. Make-up lessons are held in an open gym format (i.e. class structure/ratios may be different than that of a class).
- **CANCELLATIONS:** Please allow as much notice as possible when cancelling your child's class. To be eligible for a make-up, you must email or call your coach **24 hours prior to missed class** (emergencies and extenuating circumstances are thoughtfully considered and up to coach's discretion).
- **WITHDRAWAL FROM CLASS:** If you wish to drop your child from the roll, WRITTEN NOTIFICATION MUST BE RECEIVED BY the 27th OF HIS/HER LAST MONTH. Withdrawal slips are located by the office window. Verbal notification will NOT be accepted as a withdrawal notice! If written notice is not received by the 27th of your child's last month, you will be responsible for the next month's tuition. NO EXCEPTIONS!
- **GYM CLOSINGS:** If you are unsure if classes will be held on your child's class day due to weather or vacation, always check our website or call the gym.
- **ATTIRE:** Shorts, T-shirts or leotards are ideal. Please avoid clothes with buttons, snaps, hooks, zippers, or belts. These clothes are unsafe for your child to wear. All children should have bare feet – no socks or tights. Long hair should be pulled back and no jewelry should be worn.
- **OBSERVATION:** Parents and siblings may observe classes from the lobby area. Please keep a watchful eye on your children in the lobby. Please do not allow them to play in the water fountain or climb on tables.
- **SAFETY:** Parents, it is your responsibility to make sure your child enters and leaves the building safely. Our parking lot is very busy! Children are not allowed to leave the building without an adult or play in the front yard of the gym due to SAFETY REASONS.

I have read, understand, and agree to abide by the above policies

x

Parent's Signature

Print Name

Date

Tuition Policy Agreement

Harpeth Gymnastics has my permission to run all unpaid charges on the 8th using the credit/debit card on file, and my signature is not required for this transaction. I understand a \$5 transaction fee will be applied for this transaction. If my card is declined, I understand a \$10 late fee will be applied to my account on the 8th.

In order to cancel authorization of my credit card, I understand that I must come into the office to sign and date the cancellation form.

Parent/Guardian Signature

Date

Parent/Guardian Signature

/ _____

Cancellation Date



Parent Questionnaire

Child's Name: _____

Parent's Name: _____

Is your child able to follow simple, one step commands? (i.e. "stop", "wait", "go") _____

How does your child primarily communicate? _____

Is your child potty trained? _____ Yes _____ No

If yes, how is this indicated? _____

List your child's history of illnesses/surgeries: _____

List any allergies your child has: _____

Does your child have a history of seizures? _____ Yes _____ No

If your child has a diagnosis, please state here: _____

Does your child currently receive any therapy (i.e. OT, PT, ST, ABA, etc)? _____

Please list any specialized equipment your child uses: _____

What are you and your child's goals for this gymnastics class? _____

Please list any additional information that would be helpful in working with your child (i.e. motivators, fears, likes/dislikes) _____

Parent Signature: _____ Date: _____



HIPAA Consent and Disclosure

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about your child. We understand that his or her medical information is personal to you, and we are committed to protecting that information. In order to participate in our program, we obtain a physician's release and pertinent medical information to educate our staff on necessary precautions regarding your child's participation in gymnastics. By law, we are required to make sure that your child's protected health information is kept private.

By signing this form, you consent to our use and disclosure of protected health information about your child for instruction purposes relevant to participation in the gymnastics program. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I, _____, have received a copy of the HIPAA privacy practices.

Parent's Name: _____

Parent's Signature: _____ Date: _____



The purpose of this notice is to ensure that you are aware of your rights to ensure the privacy of your healthcare information. Harpeth School of Gymnastics retains the right to update this notice at any time.

1. Privacy of the Patient Information

We have created a record of the services you receive through our gym. The privacy of your medical information is important to us and we are committed to protect it. We are required by law to keep your medical information private and notify you of your legal rights and privacy practices.

2. Uses and Disclosure of Patient Information

Your medical information will be used for lesson planning to maintain the safest environment. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows disclosure of this information to your designated/authorized next of kin, licensed healthcare providers involved in your care, as well as law enforcement agencies in the interest of public safety. If you are involved in lawsuit of dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. Any other uses and disclosures of your personal health information will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You, the participant, however, reserve the right in writing restrictions on certain uses and disclosures.

3. Your Rights Regarding Medical Information About You

You have a right to inspect and copy your personal health information kept on file with Harpeth School of Gymnastics. You have the right to amend information we have about you that is incorrect or incomplete. You have a right to request restrictions on the medical information we use or disclose about you for lesson planning purposes. You have a right to an accounting of disclosures we made of medical information about you. All of the above requests may be submitted in writing to the Privacy Officer of Harpeth School of Gymnastics.

4. Confidentiality Of Student Information

Harpeth School of Gymnastics will attempt in all cases to preserve the confidentiality of all oral and written medical information. This includes progress information related to lesson plans, written information, and electronic transmission to physicians and law enforcement agencies in the interest of the public safety. Harpeth School of Gymnastics will not be held responsible in the event of natural disaster, theft, or burglary, of their physical or electronic property, having taken reasonable precautions.

5. How To File A Complaint

You may file a complaint if you feel that your privacy rights have been violated. Harpeth School of Gymnastics will not retaliate against you if you file a complaint. You may file a formal, written complaint with us at the address below, or with Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated.

6. Harpeth School of Gymnastics Contract Information

You may contact Hannah Webster, the Privacy Officer of Harpeth School of Gymnastics, for more information on our privacy policy at the below address and telephone number.

Hannah Webster, OTD, OTR/L
Director of KIDtastic Gymnastics
Harpeth School of Gymnastics
2204 Hillsboro Rd
Franklin, TN 37069
615-790-7825



Physician Release Form

Your patient, _____ wishes to participate in a gymnastics program. Are there any medical factors in your patient's history or any medications that are currently being taken which would affect the patient's ability to participate in the gymnastics program?

Please Circle: Yes No

If yes, please list and explain: _____

Does patient have history of seizures? Yes No

If yes, type: _____ Are seizures controlled? Yes No

Date of last seizure: _____

Please identify any recommendations, restrictions, or contraindications that are appropriate for your patient's participation in this gymnastics program: _____

To my knowledge, there is no reason why this patient cannot participate in a supervised gymnastics program. However, I understand that Harpeth School of Gymnastics staff will weigh the medical information above against the precautions and contraindications.

Physician Name: _____

Physician Signature: _____

Work Phone: _____ **Date:** _____

***Please return this form to the parent or email to HarpethGym@bellsouth.net ***