



STUDENT _____ CLASS _____
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REGISTRATION FEE: \$30 CHILD \$50 FAMILY

DATE PAID _____ PAY TYPE _____

Parent Name _____ Occupation _____

Parent Name _____ Occupation _____

Address _____ City _____ ST _____ Zip _____

Cell _____ E-Mail Address _____

STUDENT INFORMATION:

1. Student Name _____ Gender _____ DOB _____

2. Student Name _____ Gender _____ DOB _____

EMERGENCY INFORMATION AND PARENTAL CONSENT TO TREATMENT:

Emergency Contact (other than parent) _____ Phone _____

Current Medical Carrier _____ ID/Group Number _____

Physicians Name _____ Phone _____

Preferred Hospital _____

Are there any medical conditions we should be aware of? Check one: Yes _____ No _____

If yes, please explain _____

In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize the physician (s) and staff in the Emergency Out Patient Department of the treating hospital to provide such medical care that includes routine diagnostic procedures and medical treatment as necessary to my minor son/daughter, I understand that the consent and authorization herein granted does not include major surgical procedures, unless necessary to save the individual's life. The consent is valid for one year from the date indicated below. A Photostat or carbon copy of this authorization shall be considered as effective and valid as the original. **Parent/Legal Guardian Signature** _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of (List all children), I hereby consent to the aforementioned person(s) participating in United Sports Academy's training center, and/or associated programs or events. I represent that to the best of my knowledge, my child is qualified in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child's participation in the Activity. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including, gymnastics, climbing, tumbling, Ninja Challenge and trampoline activities. That said, I agree to make my children or child aware of the possibility of injury and encourage my child or children to follow all safety rules and the coaches instructions. I fully understand that United Sports Academy's staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow United Sports Academy's staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to call a physician and to seek medical help. I understand that it is the express intent of United Sports Academy to provide the safety and protection of my child, in consideration for allowing my child to use these facilities, I hereby release United Sports Academy, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of United Sports Academy. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's protection and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury. I also understand that safe, professional instruction often includes hands-on spotting to my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no prorations or refunds for missed classes, and agree to follow the make-up policy, as stated by company policy. I understand that my child's picture will be taken and no names will be used during advertising. To opt out of this please check this box

Parent/Legal Guardian Signature _____ **Date** _____



\$1 from every tuition is donated to **Athletes Caring Together.**

ACT'S mission is to promote ACTIVE lifestyle and make sports available for all children!

If you would like to match this donation or donate a different amount

Please indicate _____ :



ACH Authorization Agreement for Direct Payments

Authorization to Honor payment via Credit Card or Auto Deduction from a Bank Account

Name of Student(s):

Checking/Savings Account	Debit/Credit Card Account
Name:	Name:
Amount to be debited: \$	Amount to be debited: \$
Bank Name:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Bank Routing Number:	Credit Card Number:
Bank Account Number:	CVV Code:
<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings	Expiration Date:
If your check is returned to the bank you will be charged a \$35 returned check fee for each occurrence.	If your debit is returned for any reason you will be charged a \$10 return debit fee to cover processing costs.

Payments will be deducted on the 1st of the Month.

Monthly Auto Pay from Bank Draft/Credit Card: As a convenience United Sports Academy will bill your checking, savings, Visa, Mastercard, Discover card on file the first of each month, if the first is a weekend it will be deducted on the first Monday of the month. It is the member's responsibility to notify United Sports Academy of a change to the account or financial institution. I agree that this authorization can be terminated by written notification only and has a 30 day processing period from when received by United Sports Academy.

Drop forms must be filled out to stop payments. You can find this form at the office or on our website.

By signing below I agree to the conditions set forth and will follow the rules and policies of United Sports Academy. I hereby also agree to indemnify and hold United Sports Academy harmless from all costs, including attorney's fees, damage or claims related to your action in refusing payment of an item, including claims of any joint account holder, payee, endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you. By signing below I certify that the information I have given on the ACH authorization is complete and true.

Signature: _____
1035 Reeves Street Dunmore, PA 18512

unitedsportsacademygym.com

Date: _____
570.963.5477