

Trial Date

Class Name

FOR OFFICE USE ONLY



Date Entered

FOR OFFICE USE ONLY

Student Information

Student Name _____ Birth Date _____ F M
Legal First Name Last Name

Student Name _____ Birth Date _____ F M
Legal First Name Last Name

Student Name _____ Birth Date _____ F M
Legal First Name Last Name

Student Name _____ Birth Date _____ F M
Legal First Name Last Name

Family Information

Address _____ City _____ St _____ Zip _____

Parent's Name _____ Phone _____ Email _____

Parent's Name _____ Phone _____ Email _____

How did you hear about us? _____

Emergency Information

Emergency Phone (**other than above**) Name _____ Phone _____

Health Insurance _____ POLICY # _____

Only to be used in case of an emergency where EMS needs to be called

Medical Information

****Please list any allergies, existing or preexisting injuries or medical conditions that may limit your child's performance:**

REQUIRED FOR PARTICIPATION:

*By initialing here, I agree that I have read and understand the **JETKids MEPA, Inc. Rules, Terms, and Conditions**. A laminated copy is on the front desk. I also understand that I may ask for a copy of this document at any time.*

FOR OFFICE USE ONLY BELOW THIS LINE

Class/Camp _____ Day _____ Time _____ Class Fee _____

JETKids MEPA, Inc. * 5012 S Jellison Way * Littleton, Colorado * 80123 * PHONE 303.933.6136

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
("AGREEMENT")**

In consideration of participating in any JETKids MEPA Inc. class or program I represent that I understand the nature of gymnastic training and competition (the "Activity"), and that I am qualified, in excellent condition and health, both mentally and physically, to participate in this demanding Activity. I agree that if I believe conditions are unsafe in any facility or location, I will immediately discontinue participation in the Activity. I fully understand that the Activity involves inherent risks of serious bodily injury, including permanent disability, paralysis and/or death, which may be caused by my own actions or inactions, those of others participating in or observing the Activity, the conditions of the facilities in which the Activity takes place, and/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, cost and damages I incur as a result of my participation in the Activity.

I hereby irrevocably release, discharge, and covenant not to sue JETKids MEPA, Inc., its respective administrators, directors, agents, officers, coaches, 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 caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations. Furthermore, I agree that if I, or anyone on my behalf, makes a claim against any of the Releasees, I will, to the greatest extent permissible, indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any of them may incur as the result of such claim, including the advance of attorneys' fees and litigation expenses.

By entering this facility, JETKids Gymnastics, I agree to fully accept all known and unknown risks, including the potential risk of exposure to any and all respiratory illnesses (i.e. coronavirus, influenza, etc.). These illnesses are primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons. These risks also include potential risk of bacterial infections. We regularly sanitize our equipment and will be using enhanced cleaning methods and enforcing any measures deemed necessary by CDPHE and Jefferson County Public Health. I understand and agree that I will hold JETKids MEPA Inc. harmless and I will not hold JETKids MEPA Inc. liable for any real or perceived symptoms of any disease, illness, or condition, nor for exacerbating any existing symptoms. I fully agree to accept all risks of entering the facility, using the equipment, working with staff/coaches, attending classes, and/or interacting with or being exposed to other members.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I am giving up substantial rights by signing it, and sign it freely and without any further inducement or assurance of any nature, intending 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, interpreted in accordance with Colorado law and subject to venue and jurisdiction exclusively in such state.

_____ Date: _____

Printed name of Participants

PARENTAL CONSENT

AND I, the minor Participant's parent/legal guardian, understand the nature of the Activity and the minor Participant's experience and capabilities. I represent and warrant that the Participant is qualified to participate in the Activity and, on Participant's behalf hereby irrevocably 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 Participant'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 Agreement, I, the Participant, or anyone on the Participant's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any loss liability, damage, or cost that any Releasee may incur as the result of any such claim, including the advance of attorneys' fees and litigation expenses.

FURTHERMORE, I agree to pay a surcharge of 40% over what is owed, if our account with *JETKids MEPA, Inc.* is placed with a collection agency. **I understand that *JETKids MEPA, Inc.* does not issue refunds.**

*May we use your child's picture or likeness in promotional items IE: Ads, web site or brochure? YES NO

_____ Date: _____

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Rules, Terms and Conditions
JETKids MEPA, Inc.

- **SCHEDULE CHANGES**

****Please make all schedule changes with the office. If a coach requests that you attend a different class, a makeup class or if a coach tells you that your student is ready to move to another level, these need to be processed by the office in order to maintain our class ratio.**

- **PAYMENT**

Invoices are emailed to you in the 9th week of each session for session enrollment students and on the 20th of the month for monthly tuition students. First payment or payment in full is due the 11th week of the session for the following session.

****If your payment is not received on time, you are subject to a \$25 late fee and we may fill your space without notification. JETKids Gymnastics has a NO refund policy.**

- **AUTO-PAY or PAY IN FULL**

JETKids MEPA, Inc. requires a card on file for monthly payments. You may choose to pay the session in full. By adding a debit or credit card to your account, you are authorizing JETKids Gymnastics to use the card for recurring billing. When a billing statement is emailed to you, the due date on the statement will be the day the card is charged. Cancellation of recurring billing **MUST** be done before the due date. **ALL REQUESTS TO CANCEL RECURRING BILLING MUST BE DONE IN WRITING OR THROUGH EMAIL BEFORE THE DUE DATE ON THE STATEMENT.**

****PARENTS MUST NOTIFY JET KIDS GYMNASTICS TO TERMINATE AUTO BILLING.** Only a written notice via email or mail will be acceptable. **Due dates during the session will vary and will be posted on our Session Calendar.**

**** Should I dispute a charge through my financial institution this will be considered a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.** FURTHERMORE, I agree to pay a surcharge of 40% over what is owed if our account with *JETKids MEPA, Inc.* is placed with a collection agency.

- **DROP PROCEDURE**

****PARENTS MUST NOTIFY JET KIDS GYMNASTICS TO DROP FROM CLASSES.** Only a written notice via email or mail will be acceptable. **Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS. When signing up for a session, even if paying monthly, you are committing to the FULL Session.**

- **MAKEUP POLICY**

Because of our strict student to teacher ratio, missed classes will not result in prorated tuition or refunds. No refunds for classes missed including scheduled holidays. Two make up classes are offered per session. All make ups must be scheduled into another class with availability.

- **WHAT TO WEAR**

Boys or Girls may wear tucked in t-shirts and shorts OR leotards for girls. Clothing should not have belt loops, buttons, snaps or zippers. **No bare midriffs.** Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. All students will attend class in bare feet, no socks please. Personal items should be left in cubbies. **NO dangling jewelry. PLEASE LEAVE JEWELRY ARTICLES AT HOME.** JETKids Gymnastics, Inc. staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name. **NO chewing gum on the gym floor!**

- **ARRIVAL AND *PICKUP**

Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. Let the office know if you know you will be late picking up your student. **If you are habitually more than 5 minutes late to pick up your student, we will assess a Late Fee of \$1 per minute.**

Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car. **Please do not park in front of the building with the red curb. This is a loading zone and reserved for Emergency vehicles.**

(This Policy Subject To Change without Notice)