



# Summer Camp Registration & Waiver Form

6045 Victory Ln SW, Concord, NC 28027  
www.axcelerategymnastics.com

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_ Phone: Home \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Emergency # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The undersigned recognizes, acknowledges, appreciates, and agrees that gymnastics is a dangerous sport, and that any activity involving height and/or motion can cause minor to severe injuries; and thus, participation in such programs and activities involves a risk of injuries, including serious or catastrophic in nature. All coaches and staff members at Axcelerate Gymnastics Academy, LLC ("AGA") take every precaution to ensure the safety of each athlete and student. While safety is our number one priority, athletes and students may suffer injuries, possibly minor or serious. With this in mind and being fully aware of the risks and possibility of injury involved, the undersigned consents to have the child/children listed above, participate in the programs offered by AGA. I hereby represent that I and/or my child/children have adequate medical and health insurance to be enrolled and participate in activities offered by AGA. The undersigned also acknowledges, appreciates, and agrees that participation in such AGA programs and activities includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and/or the participation of my child/children. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation and/or that of my child/children, I will remove myself and/or my child/children and bring such to the attention of the nearest staff or coach immediately.

In the unlikely event of an injury or exposure to an illness from an infectious disease, I, for myself and on behalf of my heirs, assigns, executors, or other representatives, hereby waive any right I may have to sue, and agree to release Axcelerate gymnastics academy, LLC, their owners, officers, officials, agents, representatives and/or employees and other participants, whether paid or volunteer ("Releasees"), from any liability in connection with any such injury or illness, whether arising from the negligence of Releasees or otherwise. I hereby agree to indemnify and hold the Releasees harmless from and against any and all losses that the Releasees may suffer or incur with respect to or arising out of any demand, claim, inquiry, investigation, proceeding or any other action that I may have or bring against Axcelerate Gymnastics Academy, LLC for any injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law. In addition, the Releasees are not liable for injuries sustained by athletes, students or spectators during the course of or in the transportation to or from any programs including classes, exhibitions, competitions or clinics.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Athlete or Parent/Guardian: \_\_\_\_\_

## Gym Policies

**Payment Policy:** Camp fees are due in full at the time of registration. A \$100 non-refundable deposit will be required to secure a spot at the camp. Discount given due to multiple weeks of camp will be added back to the camper's account if the camper does not participate in the camp for the number of weeks required for the discount. I understand and agree that all campers are required to keep a valid credit/debit card on file, and that if any camp fees or other amounts due are not paid when due, the gym will, and I hereby authorize Axcelerate Gymnastics Academy, LLC ("AGA") to, charge such credit/debit card for the full balance of my child(ren)'s account, including late fees and/or any other fees assessed thereto. I also understand and agree that in the event any amounts due remain unpaid by the 3<sup>rd</sup> day of a camp week, my child will not be permitted to participate in the camp until the balance is paid in full. I understand and agree that it is my responsibility to keep the credit/debit card information up to date, and that declined transactions due to an expired card, account closed, insufficient funds, etc. will generate a service fee of \$20. I understand and agree that unpaid camp fees or any other fees assessed thereto will be sent for collection, and I will be responsible for the payment of any collection/legal fees. I also understand and agree that any credit card transaction will incur a 4% credit card processing fee.

**Absences/Withdrawals:** I understand that I will be required to pay the full amount of camp fees for the corresponding week(s) in the event of absence or withdrawal from the camp unless I have notified the gym in writing at least 7 days prior to the beginning of the week for such camp week. I recognize that verbal notice will not be sufficient, and that if prior notice is not given to the gym, the gym will, and I hereby authorize the gym to, charge my credit card the full amount of my child(ren) camp fees for the corresponding week(s).

**Drop, Date Change & Make Up Policy:** No refunds will be given for drop-offs during a camp week. Also, no refunds will be given for days missed. Make-up classes for days missed must be scheduled during the same week (if registered for the daily option). Date changes for camp weeks are allowed provided you have notified the gym in writing at least 7 days prior to the beginning of the week for the camp week you would like to reschedule.

**Dispute Resolution:** I agree to make a good faith effort to resolve any dispute relating to any charge by the gym pursuant to the policies herein prior to commencing any action, including a chargeback. If a dispute arises, I agree to first notify AGA in writing indicating the nature of, and reason(s) for the complaint, and give AGA the opportunity to respond. If the charge is the result of AGA error and the error is not resolved within 15 calendar days after the notice, I may take action to have the complaint resolved by any other means as I may deem appropriate. However, I understand and agree that if the disputed charge is the result of an accurate application of the policies stated herein and I take further action to have the charge reversed, AGA will initiate collection and or legal actions against me and take such other actions it deems appropriate, and I will be responsible for the payment of any chargeback, collection and/or legal fees assessed in connection to or arising thereof.

**Illness:** I acknowledge that it is my responsibility as the parent or caregiver to make sure I am not bringing any person (myself, my child/children, siblings) into AGA's facility with any symptoms of illness. Anyone entering our facility MUST be symptom free for a minimum of 48 hours. I understand that if any AGA staff member feels that any customer is showing signs of illness, they will be asked to leave the building immediately. AGA will not prorate or issue refunds for camp days missed due to illness.

**Sanitation/Mask:** AGA will make its best effort to keep equipment clean according to each equipment cleaning protocol. However, I understand that campers will be touching equipment while moving between stations without the equipment being sanitized between athletes. I understand that AGA will have hand sanitizer available for athlete/parents use but will not require it's use. I also understand that AGA might require masks from time to time according to state and federal mandates and/or guidelines, and I hereby agree to comply with any such requirement.

**Drinks & Food:** I understand that food, gum or drinks (except water/sports drinks), are not allowed inside the gym. Food items should be kept inside the athlete's bag/cubby and must be removed from the gym at the end of each day. Help us maintain AGA clean and keep pests out of the gym.

**Medical Emergencies:** I hereby give my permission to AGA coaches, staff and/or any appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child/children while under the supervision of AGA. In case of an emergency, I understand that I or my child/children might be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. I understand and agree that in some medical situations, AGA's staff will need to contact local emergency resources before the parent or guardian can be reached.

**Bullying:** We strive to provide a positive learning environment. Bullying and/or harassment will not be tolerated in any form. We reserve the right to remove from our programs/facilities any athlete/parent engaged in any form of bullying or harassment or behavior detrimental to AGA, athletes or staff.

**Photo & Media Release:** I understand that my or my child's/children's photograph or video may be taken during camp participation. I hereby grant permission to AGA to use my or my child's/children's photograph or video in any social media or promotional publication, such as website, social media, bulletin boards, newsletters, programs or brochures, etc.

I have read, understand and agree to, and commit to comply with, ALL of the Gym Policies stated above.

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Signature: \_\_\_\_\_

# Credit Card Authorization Form

PLEASE COMPLETE ALL FIELDS

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other _____
Cardholder Name (as shown on the card):	
Card Number:	
Expiration Date: (mm/yy):	Security Code:
Billing Address:	
Automatic Payments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned, hereby authorize **AXCELERATE GYMNASTICS ACADEMY** to charge the above credit/debit card for the agreed upon camp charges and other miscellaneous charges such as concession, apparel, etc. I understand and agree that my credit/debit card information will be copied/saved to file for future transactions on my account. **I FURTHER UNDERSTAND AND AGREE THAT, IN THE EVENT OF MY FAILURE TO PAY ANY AMOUNT DUE, OR IN THE EVENT OF MY CHILD(REN)'S WITHDRAWAL FROM THE CAMP, AXCELERATE GYMNASTICS ACADEMY WILL, AND I HEREBY AUTHORIZE IT TO, CHARGE THE ABOVE CREDIT/DEBIT CARD FOR ANY AMOUNTS DUE PURSUANT TO THE AGREED UPON GYM POLICIES (WHICH ARE INCORPORATED HEREIN BY REFERENCE), INCLUDING ANY UNPAID CAMP FEES OR ANY OTHER CHARGES OR FEES THAT MIGHT BE ASSESSED IN CONNECTION THERETO, INCLUDING LATE FEES OR CREDIT CARD DECLINED FEES.** I also understand that it is my responsibility to keep the credit/debit card information current, and that rejected transactions due to an expired card, account closed, or insufficient funds will generate a service fee. I further agree that this authorization to charge my card will extend to any credit/debit card provided to the gym in connection with the athlete below, as it may be added, updated or changed from time to time, whether or not a separate credit/debit card authorization is executed. I also understand and agree that in the event that any charge for unpaid amounts is not authorized by the bank and the amounts due are not otherwise paid, Axcelerate Gymnastics will initiate legal and/or collection actions, and that I will be responsible for the payment of any such collection/legal fees.

I acknowledge and agree that the Gym Policies of Axcelerate Gymnastics provide a resolution process as a way to resolve disputes, and therefore, **I AGREE NOT TO ASK MY BANK OR OTHER PAYMENT METHOD PROVIDER TO CHARGE BACK ANY FEES CHARGED BY AXCELERATE GYMNASTICS PURSUANT TO SAID POLICIES, EXCEPT IN THE CASE OF AN ERROR BY AXCELERATE GYMNASTICS NOT RESOLVED USING THE DISPUTE RESOLUTION PROCESS AS STATED IN THE POLICIES. I UNDERSTAND THAT A CHARGEBACK IN BREACH OF THE FOREGOING OBLIGATION IS A MATERIAL BREACH OF MY AGREEMENT HEREUNDER, AND AS SUCH, I UNDERSTAND AND AGREE THAT IF I INITIATE A CHARGEBACK IN VIOLATION OF THIS AGREEMENT, AXCELERATE GYMNASTICS MAY DISPUTE OR APPEAL THE CHARGEBACK AND INSTITUTE COLLECTION AND OR LEGAL ACTIONS AGAINST ME AND TAKE SUCH OTHER ACTIONS IT DEEMS APPROPRIATE, AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY CHARGEBACK, COLLECTION AND/OR LEGAL FEES ASSESSED IN CONNECTION TO OR ARISING THEREOF.**

\_\_\_\_\_  
Athlete Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature