



Springers Gymnastics Team | Registration Request

Participant Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name _____

Email _____

Cell Phone _____ Add'l Phone _____

Team

Future Stars (\$129/month)
M, Th - 4:15-6:15pm

Rising Stars (\$139/month)
M, Th - 4:15-6:45pm

Shining Stars (\$169/month)
M, Th, F - 4:15-6:15pm

Shooting Stars (\$199/month)
M, Th - 6-9pm
F - 4:15-6:15pm

Super Stars (\$219/month)
M, Th, F - 6-9pm

Start Date _____

PROGRAM & PAYMENT PLAN GUIDELINES

By registering for this program, I acknowledge that I have read, fully understand, and agree to the participant waiver and all program, registration, and payment plan guideline. I will review with my child and abide by the participant handbook and code of conduct, listed on the gymnastics webpage. Completion of an Automatic Payment Request Form is required. I authorize the Carol Stream Park District to process my monthly program fees via electronic check payment or debit/credit card.

ADDITIONAL FEES

Uniform, merchandise, and meet fees are non-refundable and must be received by the listed deadlines.

AUTOMATIC PAYMENT PLANS

Payments are drafted monthly on the 15th for the following month. Amounts may fluctuate if the registration is changed in any way. The program is year-round and payments are perpetual, until the participant is withdrawn. Holiday breaks and non-attendance days are factored into the monthly payment. Fees are split evenly from month to month rather than based on the number of attendance days with each month.

DECLINED PAYMENTS

Declined payments will be reprocessed for up to 10 business days. Participant must maintain sufficient funds in their bank account or credit card account to cover each payment. If the bank account or credit card account fails to process, the secondary bank account or credit card account will be automatically charged. Any automatic payment that fails to process will be assessed an insufficient funds fee and may result in the forfeiture of the automatic payment option. Carol Stream Park District reserves the right to change or revoke the payment plan due to insufficient funds or processing issues. Participation will be suspended if fees are not received in full prior to the first of the month.

WITHDRAWALS, CANCELATIONS, ABSENCES

In order to withdraw from the program and cancel future payments, a cancellation form must be submitted by the 10th of the month for the following month. Payments are processed on the 15th and are not eligible for refund, credit, or proration. Cancellation requests by phone, or word of mouth are not accepted. Credits, refunds, and prorations are not provided for absences of any kind. Only full months are offered, regardless of vacations, planned withdrawal dates, etc. A doctor's note is required for medically-related credit or payment suspension requests; refunds are not available. Medically-related credits are only available from the date the cancellation form is received; retroactive credits are not available.

IMPORTANT INFORMATION

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Gymnastics is intended to challenge and engage the physical, mental and emotional resources of each participant. The sport demands strength, balance and body control. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injuries, spinal cord injuries (including paralysis) and bone and joint injuries. Understandably, not all hazards and dangers can be foreseen. The very nature of the gymnastics is hazardous and risky, including but not limited to failing to successfully complete a maneuver, falls, over-rotating, overexertion, attempting skills beyond ability, lack of conditioning, improper warm-up, recklessness on equipment, horseplay, inadequate or defective equipment, spacing between the mats, lack of or poor spotting, inadequate supervision or instruction, and all other risks inherent to gymnastics. In this regard, it is impossible for the Carol Stream Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Carol Stream Park District, including its officials, agents, volunteers and employees.

SUPERVISOR USE ONLY	
_____ SUPV INITIAL	_____ DATE
_____ PAYMENT DUE AT REGISTRATION	
_____ NEXT MONTH'S PAYMENT DUE AT REGISTRATION	

REGISTRATION TEAM USE ONLY	
COMPLETE REGISTRATION AFTER SUPERVISOR APPROVAL ABOVE	
_____ STAFF INITIAL	_____ DATE

Parent/Guardian Name PRINT	
Parent/Guardian Signature	Date MM/DD/YY