



Waiver Liability Registration Form

6685 Santa Barbara Ct. Suite D
Elkridge, MD. 21075
Front Desk: 410-379-5439
Office Hours: M-F 4-8:30pm
Saturday 9am-1pm

Fax: 410-379-5449
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www.allprogymnasticsandcheer.com
Tax ID: 273-511-178

Student's Name: Sex: Age: DOB:
Address: City: State: Zip Code:
Home Phone Number: Registration Date:
Mother's Name: Father's Name:
Mother's Cell Phone: Father's Cell Phone:
Primary Email Address: School Name/Grade:
If parents cannot be reached, in case of an emergency, contact:
Name/ Relationship: Phone:
Does your child have any behavioral/medical limitations? If so, Please explain:

How did you learn about All Pro?

Rules & Policies

I understand that I am paying for my child's spot in a class, not their attendance. I understand that sessions will not be extended, refunded, or credited for classes missed. X

Dropping Classes

I understand that I must notify All Pro Gymnastics and Cheer Academy in writing before the 19th of the month if I choose to withdraw my child from the program. I furthermore understand, that failure to notify APG by the 19th of the month will result in my account being charged for the up-coming month and that no refund will be given.\*\* A withdraw form can be found at the front desk or our website and must be filled out to drop classes and suspend future billing. X

Payment Policies

I understand that fees are due by the 20th of each month for the upcoming month. Tuition is paid by the calendar month. Our tuition is based on a full year of gymnastics. Since we do not charge extra for months with 5 weeks, we do not prorate for months with 3 weeks. No make ups or prorated fees will be offered for months with gym closures or Holidays. X

Make Up Policy

I understand all scheduled make-ups must be attended within 30 days of the missed class. I understand all make-ups must be scheduled in advance to ensure proper enrollment in each class. I understand make-ups are not guaranteed and will be schedule according to availability. Furthermore, I understand that any make-up missed, WILL NOT be rescheduled. X

Acknowledgment of Risk and Waiver of Liability

I, parent or Legal Guardian, of the child listed above, hereby give permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnity, and agree to hold harmless All Pro Gymnastics & Cheer Academy, the employees, owners, supervisors, coaching instructors, and any sub-contractor working with/ for All Pro Gymnastics & Cheer Academy. If I, my son, or daughter has any physical condition that may impair their ability to engage in these activities, it is always advisable to consult your physician prior to undertaking any physical exercise program. If necessary, I authorize All Pro Gymnastics and Cheer Academy to administer first aid and/or authorize medical treatment in my absence. Students are expected to carry their own medical and accident insurance. In signing below, I agree to be responsible for any medical bills incurred during my child's participation at All Pro Gymnastics and Cheer Academy. I give my permission for All Pro Gymnastics and Cheer Academy to take and use any photos of my child for the purpose of advertising or website use. This wavier of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given for missed classes.

Parent/Guardian Signature: Date:

Credit/Debit Card for Flex-Pay:

MC/VISA Card# Exp Date / Zipcode Security code

By filling in the above information All Pro Gymnastics and Cheer Academy has permission to charge my credit institution for any and all outstanding balances due.