



FAMILY LAST NAME: \_\_\_\_\_

### General Participant Waiver

For (but not limited to): Risk-Free Trial, Classes, Clinics, Camps, Private Lessons, Birthday Parties, Field Trips, Sensational Saturday, Teen Nite, Fundraising Events, Community Events, Preschool & General Facility Use

**Step 1. Family Information / Parent / Guardian / Billing Contact**

Parent #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

**100% of our communication regarding class information is via email!**

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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**Step 2. Participant Information**

**1<sup>st</sup> Participant Information**  
 First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

**2<sup>nd</sup> Participant Information**  
 First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

**3<sup>rd</sup> Participant Information**  
 First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

**ANYTHING WE SHOULD KNOW ABOUT THE PARTICIPANT(S)?**

**RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY**

As the participant, or as a parent/legal guardian of a minor child under the age of 18 who will be participating in activities at Motion Matrix, I acknowledge and recognize that potentially severe injuries, including permanent paralysis or death can occur in such activities. I am fully aware of these dangers and, on behalf of myself and/or my minor child, I voluntarily consent to the above named participants participating in any and all programs at Motion Matrix, LLC. I agree to notify Motion Matrix, LLC, immediately in the event that I believe an activity or event conditions are unsafe for the participant and agree to immediately discontinue my/my child's participation in the activity. I acknowledge that it is my responsibility to be aware of the potential for injury and to warn my child of the dangers or risks of injury from any activities. I acknowledge that employees of Motion Matrix, LLC may also warn the participant through safety messages, instructions and teaching, but that such warnings shall be in addition to and not a substitute for my obligation to protect myself/my child from injury.

In consideration for allowing me/my minor child to use this facility and participate in Motion Matrix activities, I hereby ASSUME AND ACCEPT ANY AND ALL RISKS associated with that participation. Further, I on my own behalf and/or the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Motion Matrix, LLC, its owners, officers and directors, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Motion Matrix, LLC. I hereby assume full responsibility for any and all damages, injuries (including catastrophic injury or death) that I or my child may sustain or incur while participating in any program or event sponsored by Motion Matrix, LLC. In addition, in the event that any claim is asserted against Motion Matrix, LLC, as a result of my participation or my child's participation in any activity, I agree to indemnify and defend Motion Matrix, LLC, from any such claim and agree to hold Motion Matrix, LLC, forever harmless.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE**

I, as the participant and/or parent and legal guardian of the participant, confirm that the above named participants are in good health and proper physical condition for any activities in which the participant will participate. I further confirm that the participant is covered by health insurance, and that the participant will be continuously covered while enrolled in any activities at Motion Matrix, LLC.

I acknowledge that coaches and staff members working for Motion Matrix, LLC, are not physicians or medical practitioners of any kind, and that it does not employ any medical professionals or maintain medical provisions on-site. I hereby consent to Motion Matrix, LLC, and its staff members, providing temporary first aid to the above named participants in the event of any injury or illness, and if deemed necessary by the Motion Matrix, LLC staff, authorize them to request further medical assistance, including, as appropriate, calling of an ambulance or emergency personnel. I hereby agree to be financially responsible for any and all medical expenses, which may be incurred by named participants as a result of any injury sustained while participating at Motion Matrix, LLC.

**CONSENT**

I hereby give Motion Matrix, LLC absolute and irrevocable rights to use named persons and/or participants name, quotes, photographs, and videos to be used in print, digital or broadcast media as deemed appropriate by administration for the promotion of Motion Matrix, LLC, without any compensation to me. Such materials are property of Motion Matrix, LLC and will not be sold or shared for other purposes.

**(Sign for yourself here if over 18 years old)** Participant PRINTED: \_\_\_\_\_  
 Participant SIGNED: \_\_\_\_\_  
 Date: \_\_\_\_\_

**(Sign for your child here)** Parent/Legal Guardian PRINTED: \_\_\_\_\_  
 Parent/Legal Guardian SIGNED: \_\_\_\_\_  
 Date: \_\_\_\_\_



FAMILY LAST NAME: \_\_\_\_\_

# Gym & Learn PLUS Application/Enrollment Form

## EMERGENCY CONTACTS

Emergency contacts and persons authorized to pick up your child/children. Please list in the order that you would like us to contact:					
Name:		Relationship:			
Address:				Zip:	
Phone #		Work #:		Cell #:	
Name:		Relationship:			
Address:				Zip:	
Phone #		Work #:		Cell #:	
Name:		Relationship:			
Address:				Zip:	
Phone #		Work #:		Cell #:	
Name:		Relationship:			
Address:				Zip:	
Phone #		Work #:		Cell #:	
Name:		Relationship:			
Address:				Zip:	
Phone #		Work #:		Cell #:	



FAMILY LAST NAME: \_\_\_\_\_

## Gym & Learn PLUS Application/Enrollment Form

### PARENT AGREEMENT / TERMS & CONDITIONS

In consideration of participation in any activities at Motion Matrix, LLC (hereinafter referred to as Motion Matrix), my signature at the end of this parent agreement/terms & conditions signifies that I have read, agree to and completely understand all of the following:

#### Application Process

- I understand that returning this application/enrollment form to Motion Matrix DOES NOT guarantee my child's acceptance into Gym & Learn PLUS Preschool, and that I will be notified at a later time if my child has been accepted (or not) into the program.
- I understand that if my child is accepted into Gym & Learn PLUS, my enrollment/supply fee will be **due immediately** in order to guarantee my child's placement.

#### Money Matters

- I understand that I am required to provide a valid credit or debit card to secure my account.
- I understand that tuition is due on the 1st of each month. Motion Matrix does not send monthly bills and it is my responsibility to ensure my Motion Matrix account remains current.
- I understand that there is an annual enrollment/supply fee of \$85.00 per child for the Mini pre-school class, and \$100 for the Mover pre-school class (a \$36 discount is provided for current Motion Matrix students). This fee is non-refundable, and is valid for the full school year.
- I understand that (if accepted) my student is required to wear a Motion Matrix shirt to each class and that one is provided for free; additional T-shirts are available for \$15.
- I understand that I may choose the automatic payment option or I may choose to pay prior to or on the 1st of the month. If my account is not paid in full on the 1st of the month Motion Matrix will initiate automatic payment on the 2nd of the month and include a \$10 late fee.
- I understand if my account remains past due on the 15th of the month an additional \$15 late fee will be charged. At 30 days late all participants will be removed from their classes and a \$25 late fee will be added each month until paid in full or turned over to the outside collections agency. I will be responsible for all costs for collection of any delinquent payments, including, but not limited to collection, attorney's fees or court costs.
- I understand that I am enrolled in a class that requires DROP NOTICE to suspend billing. If a student is listed in a class on the first day of any given month then that month's charge is due in full. If I am dropping my child's class, IT MUST BE DONE BEFORE THE 1<sup>st</sup> OF THE MONTH.
- I understand that there is a \$25.00 insufficient funds fee on all returned checks.
- I understand that Motion Matrix, LLC does not offer make-ups or refunds for missed classes or activities.

#### Gym & Learn PLUS Policies

- 100% of Motion Matrix's communication is via email. All accounts must have a current e-mail address on file by which to receive important notifications, receipts and correspondence.
- STANDARD CLOSURES: Gym & Learn PLUS follows the same closures as District 7 schools. Including, but not limited to: Spring Break week, Thanksgiving Day and the day after, and Christmas break. In addition, we may also close when hosting a USA Gymnastics competition; you will be notified via email when/if this occurs.
- Classes are based on the child's age at the time of enrollment. Students will remain in the enrolled class for the entire school year before advancing to the next class unless a movement is deemed necessary by the teacher.



FAMILY LAST NAME: \_\_\_\_\_

## Gym & Learn PLUS Application/Enrollment Form

### PARENT AGREEMENT / TERMS & CONDITIONS (CONTINUED)

- Gym & Learn PLUS' school year is classified as September 7, 2015 – May 26, 2016. Actual dates are dependant upon what days your child is enrolled for.
- Children are not allowed to be picked up by anyone not listed on your "Emergency Contact" form.
- Parents or guardians are welcome to visit at any time their child is in attendance.
- Parents must supply all needed information at enrollment. Parents are responsible for keeping all information up to date. Motion Matrix will not assume responsibility for anything which may result due to false, inaccurate or out dated information.
- In the event of a medical emergency, Motion Matrix will administer first aid and/or obtain medical treatment in the child's best interest per the signed Permission for Emergency Treatment located on Motion Matrix's Participant Waiver.
- Every student must have a full change of clothing to be kept at Motion Matrix. Please label all personal belongings that are kept at our facility.
- Every student must bring a snack, water bottle and a sweater/sweatshirt to school.
- Every student must wear a Motion Matrix t-shirt and shorts or leggings with NO buttons or zippers (Elastic waist only!).
- Motion Matrix will administer only medications brought in by the parent or guardian. Prescription medication must be in its original bottle and labeled with the child's name. Over the counter medication will be given as the label indicates.
- Discipline is consistent and is based on the individual needs and development. At no time will physical punishment be used as a means of discipline. To discipline, our teachers will use positive redirection, problem solving ("use your words"), and time out as a last resort.
- Although every care is taken, Motion Matrix cannot be held responsible for injury while the child is in attendance at preschool.
- Discharge Policy – Your child is no longer eligible for the program when:
  - Child is beyond the age limit for our programs.
  - Space is not available in the next higher age program.
  - Parents' accounts are in arrears.
  - In the opinion of the teacher, supervisor, and/or director of the program does not meet the needs of the child. Parents will be given a 1 week notice to make alternative arrangements.
- Toys or personal belonging are NOT to be brought to school with, or for your child, unless prearranged with his/her teacher.
- Gym & Learn PLUS is a recorded program through the Oregon Office of Child Care. Our staff are background checked as required through the State of Oregon and USA Gymnastics.
- As a USA Gymnastics member club, Motion Matrix participates in USA Gymnastics' "We Care" campaign to help prevent child abuse and sexual assault on children. For more information on this campaign, and to learn how you can also assist in prevention, please visit: [usagym.org/WeCare](http://usagym.org/WeCare).
- Motion Matrix, LLC reserves the right to modify the terms of this agreement with written notice.



FAMILY LAST NAME: \_\_\_\_\_

# Gym & Learn PLUS Application/Enrollment Form

## PAYMENT AND INSTALLMENT BILLING INFORMATION

This is a binding agreement. Please make your selection below:

- I would like AUTOMATIC installment billing. Please charge my credit card the 1<sup>st</sup> of each month for the entire balance on my account. Please provide VALID credit/debit card information below.
- I will pay my account balance on or before the 1<sup>st</sup> of each month at the Motion Matrix office. I understand that I must still provide VALID credit/debit card information below.

I understand that if payment is not received on or before the 1<sup>st</sup> of each month, Motion Matrix will initiate AUTOMATIC electronic INSTALLMENT payments on the 2<sup>nd</sup> of the month for any balances due on my account PLUS a late fee of \$10.

**CREDIT/DEBIT CARD IS REQUIRED TO SECURE THE ACCOUNT NO MATTER WHICH PAYMENT OPTION YOU CHOOSE!**

I have read, agree to and completely understand all terms and conditions of this agreement:

Signature: X \_\_\_\_\_ Date \_\_\_\_\_

**IF CARD ON FILE IS A DIFFERENT NAME THAN THE ACCOUNT HOLDER'S NAME, SIGNATURE IS REQUIRED FROM CREDIT/DEBIT CARD HOLDER ACCEPTING RESPONSIBILITY FOR PAYMENTS AND AUTHORIZING CHARGES ON ACCOUNT.**

Signature: X \_\_\_\_\_ Date \_\_\_\_\_

------(For Office Use Only)-----

Enrollment/Supply Fee Due:	\$
Tuition Due At Sign Up:	\$
Total Due At Sign Up:	\$

Prior to class registration:	STOP IF INCOMPLETE
Customer copy given	Register student for class
Verify all waiver info	Verify tuition / registration
Email provided?	Enter cc info / Shred
Tag "MARKETING"	Run payment
Tag "Gym & Learn PLUS"	Send welcome email
Verify signatures present	File

Name on Card \_\_\_\_\_

Billing Address for card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_\_

*(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)*





FAMILY LAST NAME: \_\_\_\_\_

## Gym & Learn PLUS Application/Enrollment Form

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