

**JEWELL'S GYMNASTICS TRAINING CENTER, L.L.C.**

17170 Jordan Rd Ste 208 Selma, TX 78154

(210) 455-4462

**CLASS \$50 GYMNASTIC REGISTRATION**

(Do not leave anything blank please)

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ **EMAIL** \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Billing Name & Address if Different: \_\_\_\_\_  
\_\_\_\_\_ **Cell Phone #** (\_\_\_\_\_) \_\_\_\_\_

Parents' Names:  
Father: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US \_\_\_\_\_

**REQUIRED** MASTERCARD OR VISA INFO ON FILE. Jewell's GTC reserves the right to process any unpaid balance.  
We DO NOT automatically charge this card for tuition each session.

Card Number: \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

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

Customer name as it appears on card: \_\_\_\_\_

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

**MEDICAL INFORMATION:**

Does your child have a medical condition which would limit his/her participation in gymnastics? (BE SPECIFIC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the statements on both sides of this registration form and fully understand these policies and my financial obligations that may include a fee for late payments. I understand that it's my obligation to pick up a copy of the tuition payment schedule and a copy of Jewell's GTC's school calendar. I understand Jewell's GTC's No Refund Policy and No Make-Up Policy. I understand that I will notify the office no later than Week 4 of a session if my child is dropping. ALL STATEMENTS ON BOTH SIDES OF THIS REGISTRATION FORM ARE UNDERSTOOD AND AGREED TO BY:

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Gymnast's Signature**  
(7 yrs or older) and if Parent/Tot as Gymnast

\_\_\_\_\_  
**Parent or Legal Guardian's Signature**

PLEASE RETURN WITH REGISTRATION FEE TO: JEWELL'S GTC 17170 JORDAN RD STE 208 SELMA, TX 78154  
(Visa, MasterCard, Cash or Check payable to Jewell's GTC. (Credit cards not accepted over phone)

**\*\* Please read policies listed on back of this form \*\***

JEWELL'S GTC POLICIES, RELEASES AND FINANCIAL COMMITMENT (please read)

You are now signed up for the entire season (Sept.-June). If you do not want to continue, we ask that you notify the office during Week 4. If the office does not receive proper notice & the next session begins and you only attend one class or do not show up for class, you will be responsible to pay tuition for the entire session. TRANSFERS OR DROPS – you must notify the office during Week 4. Transfers are effective Week 1. Registration fees and tuition are non-refundable and non-transferable. Tuition must be paid before the first class of each session in order to avoid a \$20.00 late fee. There are no make-ups for missed classes and there are no refunds.

The tuition payment schedule is listed on the back of the white schedule card that is given to every customer at sign up, also listed on the back of the Fall newsletter and on our website. THE 1ST DAY OF OUR SESSIONS MAY NOT FALL ON THE 1ST DAY OF EACH MONTH. Please refer to the tuition payment schedule and school calendar.

The registration fee covers liability insurance and supplemental medical on each gymnast. You are responsible for the deductible before Jewell's GTC's insurance will pick up supplemental medical.

- A \$35.00 non-refundable yearly (Sept. – Aug.) student registration fee must accompany this form. Registration fee is NON REFUNDABLE and is NOT deducted from the tuition.
- Payments should be made at the time the service is provided (before class starts).
- In order to avoid a \$20 late fee, payment must be received by the 1st day of class for each session.
- If your payment will be late, extensions must be arranged in advance and approved through the office.
- Families registering more than one student in rec gymnastic classes receive a discount off the lower priced program.
- There are no discounts for preteam or team classes.
- Outstanding balances may result in your child losing their assigned space in our program.
- Anyone terminating the program must finish the current session and notify the office no later than week 4 of a session.
- All fees and charges are due regardless of attendance. Advance payments must finish all paid sessions.
- Returned check fee is \$25.
- THERE ARE NO MAKE-UPS FOR MISSED CLASSES AND THERE ARE NO REFUNDS.

**PHOTO CONSENT:** I hereby give my consent for Jewell's GTC to publish any and all photographs and/or film taken of me while participating in or preparing for gymnastics. I will receive no financial payment for photographs/film.

**MEDICAL RELEASE:** I give permission for Jewell's GTC to give my child simple first aid and to arrange transportation to a hospital to receive emergency medical treatment.

The gymnast named herein and, if the gymnast is under 18 years of age, the gymnast's parent or legal guardian, acknowledge and understand that gymnastics and the activities related thereto can be a dangerous activity that can result in serious injury or even death and that by signing this document, I agree that I assume the risk of such injuries and I hereby release Jewell's GTC, its employees and agents for any and all claims for medical bills, bodily injury, personal injuries, claims or damages of any kind in any way arising out of such activities. This release extends to and releases them from responsibility for their own negligence. I further agree to hold those entities harmless and indemnify them should any such action or claim be brought by me, my minor child or by anyone else claiming damage as a result of injuries to me or my minor child. This release and hold harmless agreement will be binding on my estate and the estates of my minor children. I further agree that the law of Texas will govern any such action or claim.

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(Do NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY)

Form of Payment (check one)

Cash     Check     Visa     MasterCard     Debit Card

Registration year

\_\_\_\_\_

**JEWELL'S GYMNASTICS TRAINING CENTER, L.L.C.**

17170 Jordan Rd Ste 208 Selma, TX 78154  
(210) 455-4462

**TEAM/PRETEAM \$50 - GYMNASTIC REGISTRATION**

(Do not leave anything blank please)

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ EMAIL \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Billing Name & Address if Different: \_\_\_\_\_  
Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Parents' Names:  
Father: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US \_\_\_\_\_

**REQUIRED** MASTERCARD OR VISA INFO ON FILE. Jewell's GTC reserves the right to process any unpaid balance. We DO NOT automatically charge this card for tuition each session.

Card Number: \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

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

Customer name as it appears on card: \_\_\_\_\_

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

**MEDICAL INFORMATION:**

Does your child have a medical condition which would limit his/her participation in gymnastics? (BE SPECIFIC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the statements on both sides of this registration form and fully understand these policies and my financial obligations that may include a fee for late payments. I understand that it's my obligation to pick up a copy of the tuition payment schedule and a copy of Jewell's GTC's school calendar. I understand Jewell's GTC's No Refund Policy and No Make-Up Policy. I understand that I will notify the office no later than Week 4 of a session if my child is dropping.

ALL STATEMENTS ON BOTH SIDES OF THIS REGISTRATION FORM ARE UNDERSTOOD AND AGREED TO BY:

DATE: \_\_\_\_\_

\_\_\_\_\_  
Gymnast's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature

PLEASE RETURN WITH REGISTRATION FEE TO: Jewell's GTC, 17170 Jordan Rd Ste 208 Selma, TX 78154  
(Visa, MasterCard, Cash or Check payable to Jewell's GTC. (Credit cards not accepted over phone)

**\*\* Please read policies listed on back of this form \*\***

GYMNASTIC BACKGROUND: PREVIOUS GYMNASTIC INSTRUCTION PROVIDED FROM:

GYM NAME \_\_\_\_\_ WHEN \_\_\_\_\_

You are now signed up for the entire season (June - May). If you do not want to continue, we ask that you notify the office during Week 4. If the office does not receive proper notice & the next session begins and you only attend one class or do not show up for class, you will be responsible to pay tuition for the entire session.

TRANSFERS OR DROPS - you must notify the office during Week 4. Transfers are effective Week 1. Registration fees and tuition are non-refundable and non-transferable. Tuition must be paid before the first class of each session in order to avoid a \$20.00 late fee. There are no make-ups for missed classes and there are no refunds.

The tuition payment schedule is listed on the back of the white schedule card that is given to every customer at sign up, also listed on the back of the Fall newsletter and on our website. THE 1ST DAY OF OUR SESSIONS MAY NOT FALL ON THE 1ST DAY OF EACH MONTH. Please refer to the tuition payment schedule and school calendar.

The registration fee covers liability insurance and supplemental medical on each gymnast. You are responsible for the deductible before Jewell's GTC's insurance will pick up supplemental medical.

- A \$180.00(team) or \$80.00 (preteam) non-refundable yearly (June - May) student registration fee must accompany this form. Registration fee is NOT refundable and is NOT deducted from the tuition.
- Payments should be made at the time the service is provided (before class starts).
- In order to avoid a \$20 late fee, payment must be received by the 1st day of class for each session.
- If your payment will be late, extensions must be arranged in advance and approved through the office.
- Families registering more than one student in rec gymnastic classes receive a discount off the lower priced program.
- There are no discounts for preteam or team classes.
- Outstanding balances may result in your child losing their assigned space in our program unless arrangements are made with the office.
- Anyone terminating the program must finish the current session and notify the office no later than Week 4 of a session.
- All fees and charges are due regardless of attendance. Advance payments must finish all paid sessions.
- Returned check fee is \$25.
- A \$25.00 reinstatement fee will be charged to anyone returning to the team or pre-team program.
- THERE ARE NO MAKE-UPS AND THERE ARE NO REFUNDS.

**PHOTO CONSENT:** I hereby give my consent for Jewell's GTC to publish any and all photographs and/or film taken of me while participating in or preparing for gymnastics. I will receive no financial payment for photographs/film.

**MEDICAL RELEASE:** I give permission for Jewell's GTC to give my child simple first aid and to arrange transportation to a hospital to receive emergency medical treatment.

The gymnast named herein and, if the gymnast is under 18 years of age, the gymnast's parent or legal guardian, acknowledge and understand that gymnastics and the activities related thereto can be a dangerous activity that can result in serious injury or even death and that by signing this document, I agree that I assume the risk of such injuries and I hereby release Jewell's GTC, its employees and agents for any and all claims for medical bills, bodily injury, personal injuries, claims or damages of any kind in any way arising out of such activities. This release extends to and releases them from responsibility for their own negligence. I further agree to hold those entities harmless and indemnify them should any such action or claim be brought by me, my minor child or by anyone else claiming damage as a result of injuries to me or my minor child. This release and hold harmless agreement will be binding on my estate and the estates of my minor children. I further agree that the law of Texas will govern any such action or claim.

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(Do NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY)

Form of Payment (check one)

\_\_\_Cash \_\_\_Check \_\_\_Visa \_\_\_MasterCard \_\_\_Debit Card

Registration year \_\_\_\_\_  
\_\_\_\_\_

# **JEWELL'S GYMNASTICS TRAINING CENTER, L.L.C.**

**17170 Jordan Rd Ste 208**

**Selma, TX 78154**

**210 455-4462**

*Mara Jewell, Owner*

## **JEWELL'S GTC NO REFUND POLICY**

Tuition is based on the spot that is saved for your child, not the time attended. If anyone terminates the program after a session has started, there will be no refund of tuition. We ask that your child finish the current session and notify the office of the termination during week 4 of a session.

The annual registration fee is non-refundable.

The Pre-Team and Team program is a commitment that must be taken seriously! It runs year round, from June through May.

So that there will be no misunderstanding of JEWELL'S GTC's No Refund Policy, we require that everyone must sign this statement.

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Signature

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Date

# SPECTATOR RULES

PLEASE WATCH YOUR CHILDREN AT ALL TIMES.

PLEASE DO NOT ALLOW CHILDREN TO RUN AROUND IN THE VIEWING AREA - FOR SAFETY REASONS AS WELL AS DISTRACTION.

PLEASE DO NOT DISTRACT YOUR CHILDREN WHILE THEY ARE IN CLASS. PLEASE WAIT UNTIL AFTER CLASS IS OVER TO SPEAK TO THEM OR THEIR COACH.

SPECTATORS ARE NOT ALLOWED IN GYM. YOU MAY VIEW FROM THE VIEWING AREA.

NO FOOD OR DRINKS ARE ALLOWED IN THE GYM.

SMOKING IS PROHIBITED IN THIS FACILITY.

SHOES ARE NOT ALLOWED IN THE GYM AREA.

PLEASE ATTEND YOUR REGULAR CLASS. THERE ARE NO MAKE-UPS FOR MISSED CLASSES AND THERE ARE NO REFUNDS. IF JEWELL'S GTC CANCELS A CLASS, A MAKE-UP WILL BE OFFERED.

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BIRTHDAY PARTY RELEASE FORM

**ATHLETIC CLOTHING ONLY – NO BLUE JEANS PLEASE!**

EACH CHILD ATTENDING THE PARTY MUST FILL OUT AND SIGN THIS FORM AND RETURN IT TO JEWELL'S GTC ON OR BEFORE THE DATE OF THE PARTY. NO OTHER FORM WILL BE ACCEPTED BY JEWELL'S GTC. IF YOU DO NOT FILL OUT AND SIGN THIS FORM, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN THE PARTY AND BE ON THE EQUIPMENT AND FLOOR. NO EXCEPTIONS!!!

Date of Party: \_\_\_\_\_ Time of Party: \_\_\_\_\_

Have you previously attended a birthday party at JEWELL'S GTC? \_\_\_\_\_

**CHILDREN ATTENDING PARTY, PLEASE FILL OUT INFORMATION BELOW**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The above gymnast and, if the gymnast is under 18 years of age, the gymnast's parent or legal guardian, acknowledge and understand that gymnastics and the activities related thereto can be a dangerous activity that can result in serious injury or even death and that by signing this document, I agree that I assume the risk of such injuries and I hereby release JEWELL'S GTC, its employees and agents for any and all claims for medical bills, bodily injury, personal injuries, claims or damages of any kind in any way arising out of such activities. This release extends to and releases them from responsibility for their own negligence. I further agree to hold those entities harmless and indemnify them should any such action or claim be brought by me, my minor child or by anyone else claiming damage as a result of injuries to me or my minor child. This release and hold harmless agreement will be binding on my estate and the estates of my minor children. I further agree that the law of New Hampshire will govern any such action or claim.

**PHOTO CONSENT:** I hereby give my consent for JEWELL'S GTC to publish any and all photographs and/or film taken of me while participating in or preparing for gymnastics. I will receive no financial payment for photographs/film.

**MEDICAL RELEASE:** I give permission for JEWELL'S GTC to give my child simple first aid and to arrange transportation to a hospital to receive emergency medical treatment.

**ABOVE STATEMENTS ARE READ AND AGREED TO BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Gymnast's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature

## Release of Liability Waiver

Name of child participant (if under 18) \_\_\_\_\_

Name of adult participant/parent \_\_\_\_\_

I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches, and other members of Jewell's Gymnastics Training Center, L.L.C. (Jewell's GTC) (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of Jewell's Gymnastics Training Center, L.L.C. (Jewell's GTC)

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Participant signature (if over 18)

### Minor Release

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Name of Parent/guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby 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's account, including negligent rescue operations. I further agree that if, despite this release, I, will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

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Signature of Parent or Guardian

Date