



# AJ's Gymnastics



[ajsfitness4kids@gmail.com](mailto:ajsfitness4kids@gmail.com)



(214) 274-4453



[ajsfitness4kids.com](http://ajsfitness4kids.com)

## WHY AJ'S GYMNASTICS?

AJ's Gymnastics provides a safe and non-competitive fitness and gymnastics environment promoting safe and healthy exercise for all ages.

The equipment, games and classes are adjusted according to your child's age and ability allowing your child to develop his or her...



**Coordination**



**Strength**



**Balance**



**Endurance**



**Confidence**



**Agility**

## Who, What, When, Where, How?

**Who can Enroll?** Children 2 yrs. – 12 yrs. (Classes grouped according to Age & Ability)

**What to Wear?** Tennis shoes, t-shirt & shorts/leggings/sweats (No dresses, crocs, sandals, boots)

**When are Classes?** Monday Afternoons (Fall & Spring)

**Where are Classes?** Eldorado Montessori

**How to Sign-Up?** Fill out permission to participate & enrollment form, sign waiver release & & return with payment to: [ajsfitness4kids@gmail.com](mailto:ajsfitness4kids@gmail.com) to reserve your space.

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## Permission To Participate

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Class \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

### Permission to Participate:

My child has permission to participate in "AJ's Gymnastics" program. I understand the class times & that I am responsible for the tuition plan checked on enrollment page. I understand that my child's picture/video may be used in advertisement materials for AJ's Fitness 4 Kids. I also understand that all fees paid are non-refundable and my enrollment for the following session will automatically renew unless given a 30-day written notice.

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AJ's Gymnastics Enrollment Form

To Reserve a spot for your child, please check method of payment, fill out forms, sign waiver release and return via [ajsfitness4kids@gmail.com](mailto:ajsfitness4kids@gmail.com) or text (214) 274-4453.

**Method of Payment:**

**Fall:** \$425 (August-December)    **Spring:** \$425 (January-May)    **Summer:** \$165 (June & July)

**Payment Options:**

Zelle (214) 274-4453     Check     Cash

## WAIVER, RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT

AJ's Gymnastics and Education, its affiliates, employees, insurers, vendors, assigns and agents (collectively the "Provider Parties") shall have no liability to \_\_\_\_\_ [insert customer's name] or his/her spouse and child(ren) (hereinafter collectively "Customer") for any loss, cost or expense resulting from any personal injury, loss of life, or loss of or damage to personal property, including without limitation loss of use thereof (hereinafter "Loss"), suffered or incurred by Customer or any person or party other than the Provider Parties arising from or caused in whole or in part by any and all gymnastics, swimming, or other ancillary or related activities (the "Program") undertaken by Customer while on or near Eldorado Montessori (the "Property"). Customer, by his/her signature below, does hereby forever release and hold harmless, for himself/herself as well as any spouse and participating minor child or children of Customer registered for the Program, and does hereby waive all rights of recovery of any kind or nature that he/she and/or such spouse and child(ren) may have now or in the future against the Provider Parties for any such Loss.

This limitation of liability applies to any Loss arising from the Provider Parties' activities and obligations related to the Program at, in or near the Property, including without limitation any duty arising because of the use or occupancy of or condition(s) of the Property and/or any contract or agreement for temporary use of the Property for the Program, whether express or implied, by statute or in tort, WHETHER SUCH LOSS ARISES OUT THE PROVIDER PARTIES' SOLE OR CONCURRENT NEGLIGENCE OR BREACH OF ANY STANDARD OF STRICT LIABILITY. This limitation will survive the expiration or termination of any contract or agreement between the parties.

Customer represents that he/she is (i) authorized to bind and by his/her signature below does bind (or will bind prior to the occurrence of any Loss), for himself/herself, a spouse, and any child(ren) for whom such person is a parent or guardian, all persons, agents, employees, invitees, or entities currently having or acquiring in the future any actual, implied, legal or equitable interest in participation in the Program and/ or the use of the Property to the obligations, agreements, and limitations of set forth herein.

AGREED:

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Signature of Customer

Printed Name: \_\_\_\_\_

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

Students Name: \_\_\_\_\_

Age: \_\_\_\_\_

Students Name: \_\_\_\_\_

Age: \_\_\_\_\_