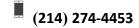


AJ's **Gymnastics**









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...



Who, What, When, Where, How?

Who can Enroll? What to Wear? When are Classes? Where are Classes? **How to Sign-Up?**

Children 2 yrs. – 12 yrs. (Classes grouped according to Age & Ability) Tennis shoes, t-shirt & shorts/leggings/sweats (No dresses, crocs, sandals, boots)

Thursday Afternoons (Fall & Spring) Thursday Morning (Summer)

Breckinridge Montessori

Fill out permission to participate & enrollment form, sign waiver release & & return with payment to: ajsfitness4kids@gmail.com to reserve your space.

| | 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 par2cipate in "AJ's Gymnas2cs" program. I understand the class 2mes & that I am responsible for the tui2on 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 automa7cally renew unless given a 30-day |
| written notice. |

| Danie atta Ciana atuma | D 4 | |
|------------------------|-------|--|
| 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 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, HO | LD HARMLESS AND INC | DEMNITY AGREEMENT |
| resulting from any personal injury, I limitation loss of use thereof (herein other than the Provider Parties aris swimming, or other ancillary or rela <i>Breckinridge Montessori School</i> (the release and hold harmless, for him children of Customer registered for or nature that he/she and/or such so Provider Parties for any such Loss. This limitation of liability applies to a related to the Program at, in or neather use or occupancy of or condition use of the Property for the Program LOSS ARISES OUT THE PROVID OF ANY STANDARD OF STRICT Is contract or agreement between the Customer represents that he/she is bind prior to the occurrence of any person is a parent or guardian, all persons in the provider parties are such as the provider provider in the provider prov | shall have no liability to | [insert customer's mer") for any loss, cost or expense personal property, including without by Customer or any person or party art by any and all gymnastics, taken by Customer while on or near signature below, does hereby forever and participating minor child or ive all rights of recovery of any kind w or in the future against the Parties' activities and obligations nitation any duty arising because of atract or agreement for temporary atute or in tort, WHETHER SUCH RENT NEGLIGENCE OR BREACH e the expiration or termination of any er signature below does bind (or will e, and any child(ren) for whom such a participation in the Program and/ or |
| Signature of Customer | | |
| Printed Name: | Date | : |
| Students Name: | Age. | : |
| Students Name: | Age. | : |