



# WISC Gymnastics Registration

## Term 1 February 3, 2020 - June 27, 2020

(Please Print)

Parent Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
 (WISC uses email as a primary means of communication, i.e. schedule changes, promoting special events. You may unsubscribe any time.)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**MEMBER                      OR                      Non-Member**

	<b>Member Pricing</b>	<b>NON-Member Pricing</b>
45 Minute Class	\$25.00 /month	\$60.00 /month
1 Hour Class	\$35.00 /month	\$65.00 /month
1.25 Hour Class	\$40.00 /month	\$70.00 /month
1.5 Hour Class	\$45.00 /month	\$75.00 /month

**PROGRAMS**

NAME	DOB	M/F	TERM	CLASS	DAYS/TIMES	COST

**PLEASE COMPLETE THE WAIVER ON THE BACK—THANK YOU**

**Program Policy:** All deposits, registration fees and program fees are non-refundable and non-transferable. No credits will be given unless unusual circumstances/emergencies occur. To be considered for a credit, all requests must be made in writing with the required documentation attached. All requests will be handled on an individual basis and are subject to approval by WISC Management. If you or your child are removed from a WISC program/event due to safety/disciplinary reasons, there will be no credit or refund issued.

**Payment Schedule:** Payments will be charged to the card on file (1st) of the month.

**Cancellation Policy:** A cancellation form must be completed with 30 days notice. Monthly payments that fall within that 30 days will still be charged.

**Payment Amount:** Determined by class and participant WISC membership status.

Signature (Parent if under 18yrs) \_\_\_\_\_

Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

1st Payment Date: \_\_\_\_\_ Number of Payments: \_\_\_\_\_ Total: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Double Check Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE**  
**Williamsburg Indoor Sports Complex**

**INDIVIDUAL AGREEMENT:** I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial \_\_\_\_\_

I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial \_\_\_\_\_

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial \_\_\_\_\_

Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial \_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children  
(List child/children's names in the lines provided.)


to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If member is under 18 - Parent's Signature)

WISC Representative: \_\_\_\_\_ Date: \_\_\_\_\_