



GO Family Membership Agreement

Registration Requirements

A non-refundable fee of \$25.00 for each family is required annually at the time of registration. These fees are for the fiscal year June 2009 - May 2010.

Payment of Fees

Payment for classes are on a monthly or semester basis and are limited to **three options**. Please complete the attached "**Payment Options Form**." Returned checks will be charged a \$30.00 NSF and will be due 10 days from notification.

Withdrawal From Classes

Written withdrawal must be received by the 15th of the current paid month. If you wish to withdraw after the 15th of the current paid month you will be responsible for the following months fee.

Policies and Rules:

Classes are filled on a first come first served basis. We reserve the right to cancel a class due to lack of enrollment or combine it with another class on the schedule. Students are encouraged to arrive to class on time and no earlier than 5 minutes prior to class start.

Students should be supervised by a parent until class time. We invite you to watch from our lobby or parent room.

Gym dress code:

Comfortable shorts or pants may be worn. Shirts must cover midriff. We request students refrain from wearing shorts with words across the rear. No jewelry or watches are allowed in class. Pony tails, pig tails, or french-braided hair is recommended. All hair must be pulled back. This is a safety issue!!!

Make-Up Classes:

Make up classes are available upon request and must be scheduled within two weeks of the missed class. Please review the class schedule and choose the class/time/day best for you. Please call the front desk to schedule your make-up class.

I have read, understand and agree to the registration policies.

Parent Name: _____

Child's Name: _____

Parent Signature: _____

Date: _____



Registration Form

"I CAN DO ANYTHING IF I TRY!"

Date: _____

Student's Last Name: _____ First Name: _____ Sex: _____

Address: _____
Street City State Zip

Home Phone: _____ Birthdate: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Would you like upcoming GO Happenings emailed to You? Yes ___ No ___

Emergency Contact #1:

Name	Phone Number	Relationship to Child
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Emergency Contact #2:

Name	Phone Number	Relationship to Child
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Is there any special information that you wish to share about your child? (ie. Medical conditions, medications, allergies, previous injuries) _____

I hereby grant permission to Go Creative Athletics to use my child's photograph in printed publications without further consideration. I acknowledge GO's right to crop or treat the photograph at its discretion. _____ YES _____ NO

How did you hear about us? _____

Registration Fee (\$25) Form of Payment: _____

2009/2010 Class Registration Form

Student's Name: _____ Phone Number: _____

Parent's Name: _____ Date of Birth: _____

Grade Entering: _____ Age: _____

Email : _____

Check the Class you would like to enroll your child in:

Monday Classes			
Time	Class Name	Age Group	<input type="checkbox"/>
3:15-4:15	GO Gymnastics	Grades K-2	<input type="checkbox"/>
4:30-5:30	GO EXTREME	Grades 3 & UP	<input type="checkbox"/>
5:30-6:30	Girls/Boys GO Big	Grades K-5	<input type="checkbox"/>
6:30-7:30	GO CHEER TUMBLE	Grades 6 and up	<input type="checkbox"/>

Wednesday Classes			
Time	Class Name	Age Group	<input type="checkbox"/>
8:30-9:15	We GO Together	Parent/Child (3 and Under)	<input type="checkbox"/>
10:00-11:00	Girls /Boys Little GO	ages 3-5	<input type="checkbox"/>
12:15-1:15	Girls / Boys GO Big	ages 4-5	<input type="checkbox"/>
3:15-4:15	Girls/Boys GO Big	Grades K-5	<input type="checkbox"/>

Tuesday Classes			
Time	Class Name	Age Group	<input type="checkbox"/>
4:15-5:15	GO CHEER TUMBLE	Grades 2-5	<input type="checkbox"/>
5:15-6:15	GO Gymnastics	Grades 3 & Up	<input type="checkbox"/>

Thursday Classes			
Time	Class Name	Age Group	<input type="checkbox"/>
8:15 - 9:15	Montessori		<input type="checkbox"/>
10:00-11:00	Girls /Boys Little GO	ages 3-5	<input type="checkbox"/>



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 Tupelo, MS 38801
 662-620-6400
www.gocreathletics.com

Office Use Only:

Registration Fee:	
Monthly Class Fee:	
Fall Session Fee:	
Year Session Fee:	
Total Paid:	
Balance Due:	

2009 – 2010 Session

GO Payment Options

Please check the box indicating the payment option best for your family.

Monthly options:

- Automatic bank withdrawal of \$60 per month (1st of each month).
You must complete the appropriate form and give a voided bank check. Bank Draft will start the 2nd Month of enrollment.

Lump sum options:

- One payment for the semester (\$275)
 One payment for the year (\$550)

In order to withdrawal from a class GO must receive written notice by the 15th of the current paid month. If you wish to withdrawal after the 15th of the current paid month you will be responsible for the following months fee.

GO CREATIVE ATHLETICS AND ARTS-LLC

PARTICIPANT AGREEMENT, RELEASE & ACKNOWLEDGMENT OF RISK

(I) CLIMBING WALL RISK-RELEASE

Participant Name _____

In consideration of the use of the auto-belay rock climbing wall and the "kiddie traversing wall" at Go Creative Athletics and Arts-LLC, I on behalf of myself, my heirs, my family, my estate legal representative and assigns hereby voluntarily release and covenant not to sue Go Creative Athletics and Arts-LLC, its officers, agents, employees, owners, successors, and assigns for any cause of action, claim, or demand of any nature whatsoever which relates to or arises out of my use of the climbing walls and facilities at Go Creative Athletics and Arts-LLC including but not limited to the negligence of Go Creative Athletics and Arts-LLC, its officers, agents, employees, or owners.

I agree that I will follow all rules and safety procedures and I accept full responsibility for my safety and the safety of others. I agree to abide by and help enforce the safety procedures and wall rules. I have been given a copy of these rules and I acknowledge that I understand these rules and will follow these rules and safety procedures.

The management further reserves the right to refuse access, restrict use and/or terminate the use of the climbing facilities by any individual or group of individuals for failure to adhere to the rules, for failure to use safe climbing procedures, for being unruly or using offensive language, or for generally endangering the welfare of individuals in the climbing area.

I hereby acknowledge and agree that the activity of rock climbing and the use of the facilities at Go Creative Athletics and Arts-LLC have INHERENT RISKS. I have full knowledge of the nature and extent of all risks inherent in rock climbing and the use of the facilities at Go Creative Athletics and Arts-LLC, including but not limited to:

1. All manner of injury resulting from falling off the climbing wall and hitting climbing holds or hitting the floor;
2. Any abrasions, entanglements or other injuries resulting from all activities on or near the climbing walls such as climbing, auto belaying, lowering, rescue systems;
3. Injuries resulting from falling climbers or dropped items;
4. Cuts and abrasions resulting from skin contact with the climbing surface;
5. Failure of ropes, auto belays, harnesses, climbing hardware or any part of the climbing structure;
6. Injuries occasioned by the negligence of other users of the climbing walls of Go Creative Athletics and Arts, LLC;
7. Injuries resulting from the construction of the climbing walls, including failure of the climbing holds;
8. Injuries resulted from landing on the landing surfaces;
9. Injuries to bones, joints, tendons, or death.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the climbing walls at Go Gymnastics-LLC and that the above list in no way limits the extent or reach of this release and covenant not to sue.

In consideration of my use of the climbing walls I agree not to sue for any injury or damages resulting from risks inherent in the climbing activity that I will pursue at GO Gymnastics-LLC including but not limited to the risks that have been outlined above.

I have carefully examined this form and fully understand its contents and I further understand that I have given up certain legal rights and that this is a binding legal document.

PARTICIPANTS INITIAL (IF 18 OR OLDER) _____

PARENT OR GUARDIAN INITIAL IF PARTICIPANT UNDER AGE 18 _____

(II) GYMNASTIC ACTIVITIES RISK RELEASE

Participant Name _____

As participant (if age 18 or older), or as parent or legal guardian of the above named participant (if under age 18); I (we) do voluntarily release forever discharge and agree to indemnify and hold harmless GO Gymnastics-LLC from any and all claims, demands, or causes of action which are in any way connected with the above named person's participation in and use of any equipment related to gymnastics, dance, cheerleading, aerobics, art training or any other area of exercise. This includes any such claims which allege negligent acts or omissions while in the gym's training area. I fully realize that the above participant may be performing or training in all areas of gymnastics, dance, cheerleading, aerobics, art or other exercise areas.

I realize that potentially serious injuries involving height or motion may occur and that such injuries can include sprains, strains, broken bones, paralysis, and even death. I understand and accept that risk, and waive, discharge, release, and covenant not to sue not only GO Gymnastics-LLC, but also its employees, sponsors, agents, and assigns from any liability concerning either myself and the above named participant. I also do hereby indemnify and hold harmless GO Gymnastics-LLC, while my child or myself or any other representative of my family may be participating as an observer, official, or worker for any purpose during a GO Gymnastics sponsored event.

I fully understand that the above release waiver and indemnification agreement is intended to be all inclusive as is permitted by law of the city of Tupelo, the county of Lee County and the State of Mississippi. If any portion thereof is held as invalid, it is agreed the balance shall not withstanding continue in full force and effect. I also authorize in advance any instructor or GO Creative Athletics and Arts-LLC employee as an agent to consent to any medical treatment deemed advisable and rendered under general or special supervision of any physician or hospital licensed under provisions of the State of Mississippi. I do further agree to responsibility of future medical expenses as long as the above named participant is in any way associated with GO Creative Athletics and Arts-LLC or and agent thereof. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I agree to follow and abide by the procedures of GO Creative Athletics and Art-LLC concerning safety and facility regulations.

I AGREE THAT MY SIGNATURE BELOW COVERS EITHER OR BOTH OF THE RELEASES UNDER (I) CLIMBING WALL OR (II) GYMNASTICS ACTIVITIES

(Signature of Parent, Guardian, or Participant over age 18)

(Please print name) _____

Date _____

Emergency phone # _____

E-Mail _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: GO Creative Athletics and Arts, LLC

COMPANY TAX ID: _____

I (we) hereby authorize GO, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

ID NUMBER: _____

DATE: _____ SIGNED: _____

SIGNED: _____

(STAPLE VOIDED CHECK HERE)

BANCORPSOUTH



**CASH
MANAGEMENT**