

FAMILY LAST NAME:	

General Participant Waiver

For (but not limited to): Risk-Free Trial, Classes, Clinics, Camps, Private Lessons, Birthday Parties, Field Trips, Sensational Saturday, Teen Nite, Fundraising Events, Community Events, Preschool & General Facility Use

					<u>* </u>
Step 1. Family Information / I	Parent / Guardi				
Parent #1 First Name:			Name:		
Address:		City:		State:	Zip:
Home Phone:	Cel	I Phone:		Work Phone: _	
Parent #2 First Name:			Name:		
Address:		City:		State:	Zip:
Home Phone:	Cel	Il Phone:		Work Phone:	
Email:		How Did You H	ear About Us?		
100% of our communication regarding o	class information is	via email!			
Emergency Contact Name:		Emer	gency Contact	Phone:	
Step 2. Participant Information	on				
1 st Participant Information	_				
First:	Last:	Nicknar	ne:	Birth date:	Sex:
2 nd Participant Information					
First:	Last:	Nicknar	ne:	Birth date:	Sex:
3 rd Participant Information					
First:	Last:	Nicknar	ne:	Birth date:	Sex:
ANYTHING WE SHOULD KNO	OW AROUT TH	F PARTICIPANT(S)2			
RELEASE, ASSUMPTION OF RISK and WAIVE As the participant, or as a parent/legal guardian severe injuries, including permanent paralysis o the above named participants participating in ar conditions are unsafe for the participant and agr for injury and to warn my child of the dangers or messages, instructions and teaching, but that su In consideration for allowing me/my minor child participation. Further, I on my own behalf and/or FOREVER RELEASE Motion Matrix, LLC, its ovinjuries suffered by myself or my child while uncatastrophic injury or death) that I or my child masserted against Motion Matrix, LLC, as a result agree to hold Motion Matrix, LLC, forever harmle PERMISSION FOR EMERGENCY MEDICAL TI, as the participant and/or parent and legal guathe participant will participate. I further confirm Motion Matrix, LLC. I acknowledge that coaches and staff members or maintain medical provisions on-site. I hereby or illness, and if deemed to be financially considerable agreement.	of a minor child under to death can occur in such and all programs at Moree to immediately discorrisks of injury from any under the warnings shall be in to use this facility and por the behalf of my child is where, officers and directly the instruction, superary sustain or incur while the of my participation or ress. **REATMENT/MEDICAL** Training for Motion Material** Working for Motion Material**	ch activities. I am fully aware of the Motion Matrix, LLC. I agree to notification matrix, LLC. I agree to notification activities. I acknowledge that emplement addition to and not a substitute for matricipate in Motion Matrix activities and our respective heirs, administ ctors, employees or other representations or control of Motion Matrix, apparticipating in any program or ency child's participation in any activities. INSURANCE confirm that the above named participation in the program of the confirm that the above named participation in any activities. LLC, are not physicians or metrix, LLC, and its staff members, proportion to the program of the confirmation of the program of the pr	ese dangers and, on behing Motion Matrix, LLC, imn in the activity. I acknowled ployees of Motion Matrix, or my obligation to protect es., I hereby ASSUME Antrators, executors, and suntatives, whether paid or LLC. I hereby assume frevent sponsored by Motionity, I agree to indemnify a criticipants are in good heat at the participant will be addical practitioners of any roviding temporary first a edical assistance, includir	alf of myself and/or my mir mediately in the event that edge that it is my responsit, LLC may also warn the past myself/my child from injur ID ACCEPT ANY AND ALL accessors, hereby COVENE volunteer, from all liability full responsibility for any and the manner of the months of the m	nor child, I voluntarily consent to I believe an activity or event bility to be aware of the potential uticipant through safety y. RISKS associated with that ENT NOT TO SUE and for any and all damages or did all damages, injuries (including in the event that any claim is LLC, from any such claim and andition for any activities in which enrolled in any activities at mploy any medical professionals ticipants in the event of any injurity of an ambulance or emergency
personnel. I hereby agree to be financially resp at Motion Matrix, LLC. CONSENT I hereby give Motion Matrix, LLC absolute and in media as deemed appropriate by administration sold or shared for other purposes.	rrevocable rights to use	named persons and/or participan	its name, quotes, photogi	raphs, and videos to be use	ed in print, digital or broadcast
(Sign for yourself here if over 18 year	rs old)			(Sign for your	child here)
Participant PRINTED: Participant SIGNED:			Guardian PRINTED Guardian SIGNED:	:	
rai liciballi Signet):		Parem/Legal	GUALUIAH SIGNED:		

www.MotionMatrixKids.com * Grants Pass, OR * 541-956-4985

FAMILY LAST NAME:	



EMERGENCY CONTACTS

	contacts and persons authorize			dren.		
	in the order that you would lik	ke us to con				
Name:			Relationship:			
Address:					Zip:	
Phone #		Work #:		С	ell#:	
	,	1		1		
Name:			Relationship:			
Address:					Zip:	
Phone #		Work #:		С	ell #:	
Name:			Relationship:			
Address:					Zip:	
Phone #		Work #:		С	ell#:	
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Name:			Relationship:			
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Name:			Relationship:			
Address:					Zip:	
Phone #		Work #:		С	ell #:	
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PARENT AGREEMENT / TERMS & CONDITIONS

In consideration of participation in any activities at Motion Matrix, LLC (hereinafter referred to as Motion Matrix), my signature at the end of this parent agreement/terms & conditions signifies that I have read, agree to and completely understand all of the following:

Application Process

- I understand that returning this application/enrollment form to Motion Matrix <u>DOES NOT</u> guarantee my child's
 acceptance into Gym & Learn PLUS Preschool, and that I will be notified at a later time if my child has been
 accepted (or not) into the program.
- I understand that if my child is accepted into Gym & Learn PLUS, my enrollment/supply fee will be **due immediately** in order to guarantee my child's placement.

Money Matters

- I understand that I am required to provide a valid credit or debit card to secure my account.
- I understand that tuition is due on the 1st of each month. Motion Matrix does not send monthly bills and it is my responsibility to ensure my Motion Matrix account remains current.
- I understand that there is an annual enrollment/supply fee of \$85.00 per child for the Mini pre-school class, and \$100 for the Mover pre-school class (a \$36 discount is provided for current Motion Matrix students). This fee is non-refundable, and is valid for the full school year.
- I understand that (if accepted) my student is required to wear a Motion Matrix shirt to each class and that one is provided for free; additional T-shirts are available for \$15.
- I understand that I may choose the automatic payment option or I may choose to pay prior to or on the 1st of the month. If my account is not paid in full on the 1st of the month Motion Matrix will initiate automatic payment on the 2nd of the month and include a \$10 late fee.
- I understand if my account remains past due on the 15th of the month an additional \$15 late fee will be charged. At 30 days late all participants will be removed from their classes and a \$25 late fee will be added each month until paid in full or turned over to the outside collections agency. I will be responsible for all costs for collection of any delinquent payments, including, but not limited to collection, attorney's fees or court costs.
- I understand that I am enrolled in a class that requires DROP NOTICE to suspend billing. If a student is listed in a class on the first day of any given month then that month's charge is due in full. If I am dropping my child's class, IT MUST BE DONE BEFORE THE 1st OF THE MONTH.
- I understand that there is a \$25.00 insufficient funds fee on all returned checks.
- I understand that Motion Matrix, LLC does not offer make-ups or refunds for missed classes or activities.

Gym & Learn PLUS Policies

- 100% of Motion Matrix's communication is via email. All accounts must have a current e-mail address on file by which to receive important notifications, receipts and correspondence.
- STANDARD CLOSURES: Gym & Learn PLUS follows the same closures as District 7 schools. Including, but not limited to: Spring Break week, Thanksgiving Day and the day after, and Christmas break. In addition, we may also close when hosting a USA Gymnastics competition; you will be notified via email when/if this occurs.



PARENT AGREEMENT / TERMS & CONDITIONS (CONTINUED)

- Classes are based on the child's age at the time of enrollment. Students will remain in the enrolled class for the entire school year before advancing to the next class.
- Gym & Learn PLUS' school year is classified as September 8, 2015 May 27, 2016.
- Children are not allowed to be picked up by anyone not listed on your "Emergency Contact" form.
- Parents or guardians are welcome to visit at any time their child is in attendance.
- Parents must supply all needed information at enrollment. Parents are responsible for keeping all information up to date. Motion Matrix will not assume responsibility for anything which may result due to false, inaccurate or out dated information.
- In the event of a medical emergency, Motion Matrix will administer first aid and/or obtain medical treatment in the child's best interest per the signed Permission for Emergency Treatment located on Motion Matrix's Participant Waiver.
- Every student must have a full change of clothing to be kept at Motion Matrix. Please label all personal belongings that are kept at our facility.
- Every student must bring a snack, water bottle and a sweater/sweatshirt to school.
- Every student must wear a Motion Matrix t-shirt and shorts or leggings with NO buttons or zippers (Elastic waist only!).
- Motion Matrix will administer only medications brought in by the parent or guardian. Prescription medication must be in its original bottle and labeled with the child's name. Over the counter medication will be given as the label indicates.
- Discipline is consistent and is based on the individual needs and development. At no time will physical punishment be used as a means of discipline. To discipline, our teachers will use positive redirection, problem solving ("use your words"), and time out as a last resort.
- Although every care is taken, Motion Matrix cannot be held responsible for injury while the child is in attendance at preschool.
- Discharge Policy Your child is no longer eligible for the program when:
 - Child is beyond the age limit for our programs.
 - o Space is not available in the next higher age program.
 - o Parents' accounts are in arrears.
 - In the opinion of the teacher, supervisor, and/or director of the program does not meet the needs of the child. Parents will be given a 1 week notice to make alternative arrangements.
- Toys or personal belonging are NOT to be brought to school with, or for your child, unless prearranged with his/her teacher.
- Gym & Learn PLUS is a recorded program through the Oregon Office of Child Care. Our staff are background checked as required through the State of Oregon and USA Gymnastics.
- As a USA Gymnastics member club, Motion Matrix participates in USA Gymnastics' "We Care" campaign to help prevent child abuse and sexual assault on children. For more information on this campaign, and to learn how you can also assist in prevention, please visit: usagym.org/WeCare.
- Motion Matrix, LLC reserves the right to modify the terms of this agreement with written notice.



AMILY LAST NAME:	

<u>P</u>	AYMENT AND	DINSTALLMENT BILLING INFORMATION	
This is a binding agreeme	ent. Please ma	ake your selection below:	
		oilling. Please charge my credit card the 1 st of deep value of the card information below.	
		efore the 1 st of each month at the Motion Matri card information below.	x office. I understand that
I understand that if pa AUTOMATIC electronic account PLUS a late fe	: INSTALLMENT	eceived on or before the 1 st of each month, Mo T payments on the 2 nd of the month for any ba	tion Matrix will initiate lances due on my
CREDIT/DEBIT CARD IS RE	QUIRED TO SEC	CURE THE ACCOUNT NO MATTER WHICH PAYMEN	IT OPTION YOU CHOOSE!
	•	ely understand all terms and condit	
	•	•	
ignature: X			Date
ignature: X			NG CHARGES ON ACCOUNTDate
			Date
		(For Office Use Only)	Date
		(For Office Use Only)Prior to class registration:	Date
Enrollment/Supply Fee Due:	\$	(For Office Use Only) Prior to class registration: Customer copy given	Date STOP IF INCOMPLETE Register student for class
	\$	Prior to class registration: Customer copy given Verify all waiver info	Date STOP IF INCOMPLETE Register student for class Verify tuition / registration
Enrollment/Supply Fee Due:	\$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING"	Date STOP IF INCOMPLETE Register student for class
Enrollment/Supply Fee Due: Tuition Due At Sign Up:	\$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS"	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email
Enrollment/Supply Fee Due: Tuition Due At Sign Up:	\$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING"	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment
Enrollment/Supply Fee Due: Tuition Due At Sign Up: Total Due At Sign Up:	\$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS"	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email
Enrollment/Supply Fee Due: Tuition Due At Sign Up: Total Due At Sign Up: Name on Card	\$ \$ \$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS" Verify signatures present	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email
Enrollment/Supply Fee Due: Tuition Due At Sign Up: Total Due At Sign Up: Name on Card Billing Address for card:	\$ \$ \$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS" Verify signatures present	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email
Enrollment/Supply Fee Due: Tuition Due At Sign Up: Total Due At Sign Up: Name on Card Billing Address for card: Credit Card Number	\$ \$ \$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS" Verify signatures present Expires	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email File
Enrollment/Supply Fee Due: Tuition Due At Sign Up: Total Due At Sign Up: Name on Card Billing Address for card: Credit Card Number	\$ \$ \$	Prior to class registration: Customer copy given Verify all waiver info Email provided? Tag "MARKETING" Tag "Gym & Learn PLUS" Verify signatures present	STOP IF INCOMPLETE Register student for class Verify tuition / registration Enter cc info / Shred Run payment Send welcome email File