



1160 SE Century Drive  
Lee's Summit, MO 64081  
(816) 347-9200

**SPIRIT ZONE REGISTRATION FORM**

Date \_\_\_/\_\_\_/\_\_\_

Students First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about us \_\_\_\_\_

**PARENT/GUARDIAN INFO**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Other Than Yourself \_\_\_\_\_ Phone(s) \_\_\_\_\_

Medical Conditions, if any \_\_\_\_\_

I would like to receive my Monthly statements:

E-Mail

## SPIRIT ZONE - TERMS AND CONDITIONS

An annual enrollment fee of \$35.00 is due at the time of enrollment. This fee is \$25.00 for each additional child.

Class tuition is due at the time of enrollment.

A late fee of \$10.00 will be charged after the 10<sup>th</sup> of each month, for each child.

Returned check fee is \$20.00.

All tuition is due regardless of attendance. Missed classes may be made up in another class if there is space available. Tuition is non-refundable.

The gym is closed the week of Spring and Christmas Break (we follow the LS R-7 School District schedule) as well as one week in the summer.

Classes are not transferable to other persons or other sessions.

Outstanding balances may result in your child losing their assigned space in our program.

A two week notice is required if your child is stopping.

If your child is absent two weeks in a row, we will attempt to contact you once. If we don't hear from you, your child will be removed from class.

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEDICAL RELEASE FORM

I give my approval for the above named student's participation in any and all activities of the SPIRIT ZONE programs.

I hereby forever waive, and forever release and discharge Spirit Zone LLC, their officers, directors, employees, volunteers and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.

As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by Spirit Zone LLC.

I authorize the representatives of Spirit Zone LLC to provide any emergency medical services that may be required due to an injury during any gymnastics, tumbling, or cheer activity at or for Spirit Zone LLC.

I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.

Spirit Zone LLC, is not responsible, whatsoever, for anything that happens before or after the students designated gymnastic, tumbling or cheer classes.

**I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.**

Signature of Parent,  
Guardian, or Participant (if over 18) \_\_\_\_\_ Date \_\_\_\_\_