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**8850 Monroe Road, Charlotte, NC 28212**

**980-299-8445**

**www.perfectbalancecharlotte.com**

**2020-2021 Registration, Waiver & Photo Release**

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION INFORMATION**

**Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Contact Information:**

 **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COVID 19 QUESTIONNAIRE:**

*Please read the following questions carefully and respond as honestly as possible. Circle yes or no and initial each line.*

* Has your athlete or anyone in your household shown any of the following symptoms in the last 48 hours:
	+ Fever (100.4 or higher, flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking)
	+ Cough
	+ Shortness of breath or difficulty breathing

YES/NO (initial) \_\_\_\_\_\_\_\_

* Has your athlete or anyone in your household come in contact with a person diagnosed with Covid 19 in the last two weeks (14 days)

YES/NO (initial) \_\_\_\_\_\_\_\_

* Has your athlete or anyone in your household travelled outside of NC to a state that has a high threshold of Covid 19 in the last two weeks (14 days)

YES/NO (initial) \_\_\_\_\_\_\_\_\_

I have read the above registration and initialed all items on the COVID-19 Questionnaire and understand that I am registering my athlete for the PBTC Team Camp.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver, Photo Release & Policies**

**ASSUMPTION OF RISK**

**WARNING! Catastrophic injury, paralysis or even death can result from participation in this activity. In agreeing to my child's participation and/or training in gymnastics, I hereby acknowledge my understanding that this activity involves greater than normal risk of injury.**

**While Perfect Balance Training Center is committed to taking every possible step for the safety of my child and my family, I acknowledge that there is inherent risk of contracting an infectious disease in any public space. I acknowledge receipt and understanding of this waiver and do, hereby, release Perfect Balance Training Center of any liability with regards to myself, my child and any of my family that enter the Perfect Balance Training Center facility.**

**SOCIAL DISTANCING/SPOTTING**

**Direct assistance will also be provided in the event of an injury or suspected injury to assess the child and proceed according to needs.**

**Gymnastics, ninja warrior, tumbling and dance can all be cardio-intensive activities. With that, I understand that my athlete will not be permitted to wear a mask while participating in those and any other activities at Perfect Balance. I also understand that the Perfect Balance staff may or may not be wearing masks when instructing my child as coaching/instructing is also a physical activity.**

**SANITIZATION**

**Perfect Balance is committed to cleaning and sanitizing our facility and equipment throughout the day to provide the most sanitary environment possible for our customers. However, the athletes will be touching equipment while moving in physically distanced stations one after the other without the equipment being sanitized between athletes. Equipment will be thoroughly sanitized after each class. I give permission for PBTC instructors to sanitize my child's hands at the beginning and end of each class.**

**ILLNESS**

**Athletes' temperatures will NOT be taken at Perfect Balance. I acknowledge that it is my responsibility as the parent or caregiver to make sure I am not bringing any person (my child, sibling, myself) into the PBTC facility with any symptoms of illness. Anyone entering our facility MUST be symptom free for a minimum of 48 hours. I understand that if any Perfect Balance staff member feels that any customer is showing signs of illness, they will be asked to leave the building immediately.**

**WATER FOUNTAINS**

**I understand that for the safety of everyone, the water fountains are currently closed. If my athlete needs water during her class or practice, he/she should bring a water bottle with him/her. The bottle can be filled at our hands-free bottle filler. I also understand that ANY water bottle left in our facility at the end of each day will be thrown away.**

**RELEASE OF LIABILITY**

**I agree, for myself or as my child’s parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child or my child’s family in connection with participation in gymnastics classes, programs, lessons, competitions, birthday parties, open gyms, camps, field trips or any other activities connected with Perfect Balance Training Center. I hereby release and agree to hold harmless and to indemnify Perfect Balance Training Center employees, owners and volunteers from any claims, losses or expenses incurred on the behalf of me, my child or my child’s family.**

**MEDICAL EMERGENCIES**

**I hereby give my permission for Perfect Balance Training Center staff and/or an appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child while under the supervision of Perfect Balance Training Center. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the Perfect Balance staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.**

**PHOTO AND MEDIA RELEASE**

**I understand that my child’s photograph or video may be taken during participation in any activity (class, team instruction, birthday party, open gym, special event, etc.) at Perfect Balance Training Center or at a function sanctioned by Perfect Balance Training Center. I hereby grant permission to Perfect Balance Training Center to use my child’s photograph or likeness in any publicity or promotional publications (e.g. website, social media, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow videoing of my child for broadcast purposes.**

**PAYMENT POLICIES**

**All Perfect Balance Training Center MONTHLY CLASS & TEAM members must be on a monthly auto-payment for tuition. Payments will be drafted from your debit or credit card (Visa, MasterCard, Discover or American Express) on the first of each month. PBTC customers will have 2 business days to provide updated billing information before receiving a $15.00 administrative fee for a declined payment. PBTC charges an annual registration fee of $60.00 per student or $90.00 per family upon registration for the School Year Session.**

**All Perfect Balance Training Center SUMMER SESSION CLASS students must provide billing information at time of registration. Payment for the summer class session will be billed on the first day of the Summer Session. Payment for Summer Zoom classes is monthly and will be auto drafted on the 1st of each month.**

**All Perfect Balance Training Center SUMMER CAMP students must provide billing information at time of registration and will be charged a $65 non-refundable deposit for each week of enrollment to be applied toward the balance of each week a student is enrolled. The balance of enrollment will be billed on the Monday of each week a student is enrolled.**

**DROP POLICY**

**A parent or guardian must notify the front desk if you are planning to discontinue your child’s enrollment in a class. A 30-day drop notice is required and you will be billed and charged the full 30 days from the date that we receive your drop notification.**

**MAKE UP POLICY/CLOSING DATES**

**One make-up class per semester (Fall and Spring) is permitted. We do not allow students to “drop by” or “jump in” a class for a make-up. Your one make up class must be scheduled through the front desk. THERE WILL BE NO REFUNDS OR PRO-RATED FEES FOR MISSED CLASSES. If a make-up class is scheduled and missed another make up class CANNOT be scheduled and you will forfeit the opportunity to make up the original absence.**

**Closed Dates: 11/26/2020-11/28/2020, 12/21/2020-1/3/2021**

**Make-up classes are not offered during the Summer Session.**

**ONLINE REGISTRATION**

**For your convenience, Perfect Balance Training Center automatically stores your credit card number in accordance with legislated procedures. You may review transactions made with this stored information in your online customer portal at any time.**

**I have read and agree to all of the information listed above.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**