

URAWinner, Inc

dba Gymnastics in Motion & Starz Dance Academy

5728 Maplecrest Road, Fort Wayne, IN 46835 ~ (260) 485-2524

2026 - 2027 Registration Contract and Release Form

Please read and completely fill out BOTH sides of this form (please print) — * Required Fields

* Child's Name (First & Last) _____ * Circle—M or F * Date of Birth _____ Age _____

* Primary Home Address _____ City _____ State _____ Zip _____

* Primary Billing Contact: Parent/Legal Guardian _____ Employer _____

Home Phone # _____ Work Phone # and Ext. _____ ()

* Cell Phone # _____ * E-mail Address _____

Address (if different from child's) _____ City _____ State _____ Zip _____

Additional Parent or Legal Guardian _____ Employer _____

Home Phone # _____ Work Phone # and Ext. _____ ()

Cell Phone # _____ E-mail Address _____

Address (if different from child's) _____ City _____ State _____ Zip _____

Emergency Contact (other than parent or legal guardian) _____ Phone # _____

Child's Doctor _____ Phone # _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILD

☐ Heart Condition ☐ High Blood Pressure ☐ Headaches ☐ Diabetes ☐ Asthma/Breathing Disorder

☐ Back or Joint Problems ☐ Broken Bones ☐ Other condition (including but not limited to autism, sensory issues, etc.) that may interfere with class participation

☐ Allergies—If yes, please list allergies _____

Please note that there will be times when food will be present in our academies. If your child has ANY food allergies they MUST be listed above.

Explain any conditions checked above: _____

Does your child carry any emergency treatments, such as asthma inhalers, emergency epi-pens, shots, etc. ? If so, list and describe usage. _____

Does your child wear glasses or contacts? Y / N

Will he/she be wearing them during class? Y / N

By the very nature of the activities, gymnastics and dance carry a risk of physical injury. No matter how careful the students and instructors are, no matter what height of landing surfaces exists, the risk of injury cannot be eliminated. The risk of injury includes, but is not limited to, minor injuries such as bruises and more serious injuries, such as broken bones, dislocations and muscle pulls. URAWINNER, INC. (dba) Gymnastics in Motion, Starz Dance Academy, and Leap –n– Learn Preschool is not responsible for providing medical / accident insurance. Parents are advised to provide adequate coverage for their child while enrolled in this activity. In the case of an emergency involving your child, it is the policy of URAWINNER, INC. (dba) Gymnastics in Motion, Starz Dance Academy, and Leap –n– Learn Preschool to render first aid treatment while contacting the parents for further instructions. Only after reasonable efforts have been made to reach the parents without success will we call a doctor, and only in extreme cases will your child be taken to a hospital. If a child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release.

In the event of an emergency, I (parent or legal guardian's full name) _____ do hereby give my consent for my child (child's full name) _____ to be taken to the nearest hospital or emergency facility by the staff of URAWINNER, INC. (dba) Gymnastics In Motion, Starz Dance Academy, and Leap –n– Learn Preschool. I also hereby give my consent for my child (child's full name) _____ to receive medical treatment and attention in my absence.

* Signature of Parent or Legal Guardian _____ Date: _____

Finally, URAWINNER, INC. (dba) Gymnastics in Motion, Starz Dance Academy, and Leap –n– Learn Preschool, cannot be responsible for any child who waits in the hallways or outside our businesses for their ride. Your child's safety is our primary concern, and with that in mind we ask that you require your child to wait in the reception area until you arrive. Upon your arrival please come into the building and get your child.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY.

* Signature of Parent or Legal Guardian _____ Date: _____

PLEASE CONTINUE TO THE BACK SIDE OF THIS PAGE

FOR OFFICE USE ONLY

1. Class/Level _____ Day _____ Time _____ 3. Class/Level _____ Day _____ Time _____

2. Class/Level _____ Day _____ Time _____ 4. Class/Level _____ Day _____ Time _____

Media Release

I grant permission for my child to be filmed, videotaped, audiotaped, or photographed by any means used and grant full use of such likeness, voice, or words to be used without compensation. (* Parent / Guardian's Initials) _____

Payments

I have enrolled my child, (child's full name) _____ in gymnastics and/or dance classes. I understand that tuition payments are due on the **first of each month** and that there will be a \$15.00 late fee charged per account for payments received after the 1st of the month. (* Parent / Guardian's Initials) _____

I also understand that there is a \$30.00 registration fee due upon enrollment. If I withdraw from the program for any reason and then re-enroll, another registration fee will be charged. Students who maintain a **continuous class enrollment** only pay a one time \$30.00 registration fee. There is a \$30.00 service charge / fee due if your bank or financial institution returns a check for any reason. There are no refunds for days missed due to weather, vacation, holidays or illness. Monies paid for classes are non-refundable. Any deposits and payments made for dance recital costumes are non-transferable and non-refundable. (* Parent / Guardian's Initials) _____

Delinquent Accounts

I understand that URAWINNER, INC. (dba) Gymnastics In Motion, Starz Dance Academy, & Leap –n– Learn Preschool will not permit account(s) to go over two (2) weeks past due. In the event that this happens, I understand that a child may be immediately removed from all active student rosters. This opening in the active student roster may be filled with another student without prior notice or consideration for the student whose account is delinquent. (* Parent / Guardian's Initials) _____

Withdrawal Policy

I understand that I must give at least **TWO (2) WEEKS WRITTEN NOTICE** to withdraw from class(es). If I do not, I will be charged for the entire month. I understand that if I do not inform the office of my intent to withdraw **IN WRITING** and a position in a class or classes is being held in my child's name, I will be charged for the following month's tuition. (* Parent / Guardian's Initials) _____

Waive and Release

Whereas (I) the undersigned (printed name of parent or guardian) _____ have requested that my son / daughter, namely, (print child's name) _____ participate in all activities associated with and connected to URAWINNER, INC., (dba) Gymnastics In Motion, Starz Dance Academy, and Leap –n– Learn Preschool, and whereas it is in consideration for the education of my child in the efforts of the instructor, supervisor or any persons engaged and who will be engaged in the said activities of URAWINNER, INC., my promise and agreement to release, hold harmless and otherwise indemnify said persons for any demand of claim arising from or in conjunction with this activity. This **WAIVES / RELEASES** the corporation, or directly around the corporation, or in other places so designated URAWINNER, INC. as the class performances, parades and other outside activities.

NOW, THEREFORE, IT IS AGREED BY THE UNDERSIGNED:

For and in conjunction with and in consideration of the aforesaid efforts and undertaken (I) / (My) heirs and assigns have and may have, against any or all of the instructors, supervisors, or other persons engaged in the activities of gymnastics or dance classes. And (I) do further indemnify and agree to hold harmless said, URAWINNER, INC. and any other persons arising from, therefore, through, or in conjunction with the mutual agreement of lessons. I understand that a child may suffer possible severe injuries, paralysis, or death as a result of participation in any physical activity. With full knowledge of this fact and possible occurrence, I give my consent for my child to participate in the activities at Gymnastics In Motion, Starz Dance Academy, & Leap –n– Learn Preschool.

I have read the above Payments, Delinquent Accounts, Withdrawal Policy and Waive and Release Agreements and do hereby agree to all terms and conditions therein.

*** Parent / Guardian's**

Printed Name: _____

*** Parent / Guardian's**

Signature: _____

Date: _____

*** Required Field**