

Please Print!

LEGENDS DE, LLC. REGISTRATION FORM

Please Print!

CLASS NAME: DAY: CLASS TIME:

STUDENT INFORMATION

Student Name: Last Name: Address: City: State: Zip Code: Birth Date (mm/dd/yyyy): Sex: M F

PARENT CONTACT INFORMATION

Mother/Guardian First Name: Last Name: Home Phone #: Cell Phone #: Work Phone #: Email Address: Preferred Contact Method: Home # Cell # Work # Email Father/Guardian First Name: Last Name: Home Phone #: Work Phone #: Email Address: Preferred Contact Method: Home # Cell # Work # Email

EMERGENCY CONTACT

First Name: Last Name: Phone Number: Relationship to participant:

MEDICAL INFORMATION SURVEY

- 1. Does participant have any condition that would preclude or limit participation in our programs? NO YES
2. Has participant ever been informed that they have asthma? If so, is it controlled by medication? NO YES
3. Has participant ever been informed that they might have epilepsy, or ever experienced a seizure? NO YES
4. Has participant ever been treated for infectious mononucleosis, viral pneumonia, MRSA, Influenza, COVID-19, or any other infectious disease in the last 3-6 months? NO YES
5. Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure? NO YES
6. Has participant ever been told they had hemophilia or other bleeding disorders or currently have easy bleeding or bruising? NO YES
7. Has participant ever been told they have a hernia? If so, is it repaired? NO YES
8. Has participant had any operations in the past two years? If yes, indicate the anatomical site and date: NO YES
9. Has participant ever been treated for Osgood-Schlatter (knee) Disease? NO YES
10. Has participant had a fracture during the past two years? If yes, indicate the site of the fracture and date: NO YES
11. Has participant had any joint dislocation during the past two years? If so, please indicate which joint: NO YES
12. Does participant ever experience pain in the back? If yeas, circle one: SELDOM/OCCASIONALLY/FREQUENTLY NO YES
13. Is participant allergic to penicillin or other medications? NO YES
14. Have there been any disciplinary, emotional, learning disabilities, or other concerns which we should be aware of? If yes, please explain: NO YES

PARENT/GUARDIAN/STUDENT: All of the above questions have been answered completely and truthfully to the best of our knowledge.

PARENT SIGNATURE: DATE:

**LEGENDS DE LLC. Release and Waiver of Liability, Assumption of Risk; and Indemnity Agreement  
("AGREEMENT")**

\_\_\_\_\_(Initial) In Consideration of participating at Legends DE, LLC, I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe or I am unable to safely perform any activity, I will immediately discontinue participating in the activity.

\_\_\_\_\_(Initial) I full acknowledge, understand, appreciate and agree, that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time/ and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

\_\_\_\_\_(Initial)I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious disease, including to but not limited to MRSA, Influenza, COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I Knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation and exposures.

\_\_\_\_\_(Initial) I hereby release, discharge, and covenant not to sue Legends DE, LLC, its members, administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place (each considered one of the "RELEASEES" herein) from all liability claims, demands, losses, damages, on my account cause or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability and assumption of risk I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage or cost which any may incur as the result of such a claim.

\_\_\_\_\_(Initial) I agree to comply with the rules and policies I received from Legends DE, LLC in the welcome handbooks (attached to this liability form) for team and/or recreational classes. Please keep a copy of the welcome handbook for future reference

\_\_\_\_\_(Initial) I/My child will ONLY participate in those classes, events, competitions, and activities for which I believe he/she/I is physically and psychologically prepared.

\_\_\_\_\_(Initial) I hereby give my consent to Legends DE, LLC and/or the host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my/my child's participation.

\_\_\_\_\_(Initial) I understand that Legends DE, LLC reserves the right to change, cancel or Modify classes at any time.

\_\_\_\_\_(Initial) I hereby agree that I have read and understand the tuition policy as stated in the Handbook I received. I further understand that no refunds will be given to me if any of the aforementioned procedures are not adhered to by me and no refunds are to be given for pre-payment of tuition, home show fee, attire/leotard purchase, competitive tuition, or any other competitive fees as stated above. I also understand that a \$40.00 fee will be charged for any and all returned checks on your behalf.

\_\_\_\_\_(Initial) I understand that Legends DE, LLC. periodically takes photographs and video at various events to post in advertisements. I hereby give permission for photographs and videos to be taken of my child and Legends DE, LLC. has the right to utilize these as well as my child's name in brochures as well as in electronic, video, print, newsletters, posters, display and other materials.

\_\_\_\_\_(Initial) I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Printed Name of Participant (s)** \_\_\_\_\_

I, hereby covenant and promise that I am the Minor's parent and/or legal guardian, and on behalf of myself and the Minor, understand the nature of the above reference activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFENT, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the RELEASEES or otherwise, including but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the RELEASEES, I WILL

DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RLEASEE may incur as the result of such claim.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



155 Commerce Way, Suite D, Dover DE. 19904

Email: office@gymstarzde.com Ph: 302-697-1221

Website: www.gymstarzde.com

## Welcome Handbook

**OFFICE HOURS:** Monday thru Friday: 4:30 pm to 8:30 pm and Saturday: 9:00 am to 1:30 pm

**OUR PHILOSOPHY:** Legends DE LLC, focus is the education of children - our future. We believe that young people can learn to develop coordination, motor skills and body control, as well as the more important mental qualities of self-esteem, self-confidence, and self-awareness through physical activity. More importantly, young people will learn to develop the life skill of respect for themselves and others. Our curriculum is designed to maximize individual progress and keep participants challenged.

**RULES AND POLICIES: Please read the following carefully.**

1. **BE ON TIME:** Arrive No more than 5 minutes PRIOR to the start of class. Please be on time to pick your child up in the front office after class is dismissed. At no time are children permitted to go outside and wait for you. If you will be late picking up your child, please notify us at 697-1221. We are unable to provide staff to attend to your child and provide for their safety for extended periods before class begins or after their class. If you are more than 10 minutes late for class, you'll need to reschedule your class.
2. **Attire Safety:** Hair must be pulled back. Leotards are preferred, no loose-fitting clothing or midriiffs allowed. No belts, buckles, large snaps/buttons, jeans. Bare feet encouraged on floor; socks not needed. **NO JEWELRY. NO BUCKLES. NO BUTTONS.** Boys should wear shorts and a T-shirt.
3. **Monthly Tuition:** Tuition is due on the 1<sup>st</sup> of every month, no exceptions (holidays, closures, and absences) to secure a child's placement in their class. Tuition is non-refundable for competitive teams. Recreational/instructional classes may receive partial refunds if the written notification policy has been adhered to. Payments can be made online, in person, and over the phone via cash, check or CC. We do not accept American Express. Children will be dropped from class on the 20<sup>th</sup> of each month if tuition is not paid or arrangements have not been made with office staff. **You will still be responsible for monthly tuition payment.** *A credit card will be required to be placed on file upon enrollment. If payment is not received by the 5<sup>th</sup> of the month, the credit card on file will be processed for payment. Payment is required upon enrollment.*
4. **Discounts and Late Fee's:** Military, Veterans, first responder discounts are available. Late fees will be assessed on the 8th of each month.
5. **Withdrawal Process:** A **TWO-WEEK WRITTEN NOTICE** is required to withdraw and/or remove a child from their class roster. You will still be responsible for all fees on your account until notice is received. Tuition will be required whether your child attends class or not. **NO EXCEPTIONS.** Please submit your two-week written notice to our office staff or email notice to:  
office@gymstarzde.com
6. **Absences:** If you are sick, please stay home. Legends DE, LLC reserves the right to require medical clearance prior to knowledge of a child having a communicable disease. Notify Gym via email or phone of anticipated absence.
7. **Make-Up Classes:** You are allowed a maximum of two make-up classes per month based on availability of classes. We do not offer any make-up classes for Invite Only (Team) classes. Outstanding fees and/or tuition render your child ineligible for a make- up class. This policy does not apply to any camps. Please schedule your make up class with the office.
8. **Improper Behavior:** Undisciplined or misbehaved students or parents will be dismissed from the gym for safety reasons.

9. **Lost and Found:** Legends DE LLC takes zero responsibility for theft of loss of, damaged to, any personal items students or parents bring onto the premises. The lost and found bin is in the lobby and if not collected at the end of each month is donated to the salvation army.
10. **Gym Closing:** Closures due to weather or emergencies will be announced via social media (Facebook and Instagram @gymstarzde). No make-up classes will be given for scheduled holiday closings: Spring Break, Memorial Day, July 4<sup>th</sup>, End of Summer break, Labor Day, Thanksgiving and Christmas Break. Flyers will also be posted in the waiting area for reminders.
11. **Gym Area/Waiting Area:** NO Parent/Guardian will be permitted in the designated gym area at ANY TIME. Class observation is ONLY in the waiting room. **NO parent/guardian is EVER allowed in the bathroom hallway to observe classes.** A staff member will ask you to return to the waiting area. Please refrain from flash photography. Please refrain from speaking or distracting children/coaches when going to and from the restroom.
12. **Class Changes:** Legends DE LLC Reserves the right to change, add, cancel, and modify any class at any time.