

**PDA USA**  
(Pacific Diving Academy USA)  
Registration Form

Where did you hear about PDA Gymnastics? \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_ sex: M or F

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work # \_\_\_\_\_ cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Work # \_\_\_\_\_ cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Any Medical Conditions we should be aware of \_\_\_\_\_

**PDA USA Payment requirement Contract**

1. There are no refunds of any kind
2. Tuition is based on monthly, not hourly.
3. Tuition is due by the 1<sup>st</sup> of every month, student will not be allowed to take class if tuition is not received by the second week.
4. \$15 fee will be charged for the first bounced check. On the 2<sup>nd</sup> bounced check, tuition will have to be paid by **cash**
5. Make-up classes will be held on request. Please make arrangements by calling the office at 562-229-1927
6. All PDA classes are based on 4 classes per month. PDA doesn't charge for the fifth class in the month, PDA will close on holidays and will not give discount for the missed class.
7. Student must be current in monthly fees to have a make-up class.

Registration Options (circle one):

Bronze    Silver    Gold

Bronze- \$40 annual fee (\$10/sibling). Must repay registration fee if you leave and come back another month during that year.  
Silver- \$60 annual fee (\$15/sibling) Good all year and you are free to skip months and come back in that same year without repaying fee.  
Gold- \$100 Lifetime fee (\$50/sibling). Never pay an annual fee again!

\_\_\_\_\_  
Parent signature if under 18 or Student signature if over 18

Date \_\_\_\_\_

Office Use Only:    Class (Circle One)

Awesome Acrobats    Beginning Cheer    Advanced Cheer    Jamin Gymnastics    Boys Tumble

Day: M T W R F S    Time \_\_\_\_\_

PDA USA Gymnastics (Pacific Diving Academy USA) group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parents' separate of the employees' dependant group insurance.

PDA USA Gymnastics (Pacific Diving Academy USA) secondary excess accident medical insurance coverage has a \$100 deductible which PDA USA Gymnastics (Pacific Diving Academy USA) DOES NOT PAY in event of a mishap.

### Release of Liability Waiver

Name of child participant (if under 18): \_\_\_\_\_

Name of adult participant/ parent: \_\_\_\_\_

I,(we) despite all the reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risk, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against owner, operators, coaches and other members of PDA USA Gymnastics (Pacific Diving Academy USA) (the releases) and Arnold Elementary School, Cypress School District, its officers, teachers and employees from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of PDA USA Gymnastics (Pacific Diving Academy USA).

Adult participant/ parent or participant signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

### PDA USA AUTHORIZATION TO TREAT A MINOR (Pacific Diving Academy)

I (we), the undersigned parents, parents, or legal guardians of \_\_\_\_\_, a minor, do hereby

Authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of father, mother, or legal guardian \_\_\_\_\_

Toxoid Booster/ Last Tetanus \_\_\_\_\_

Allergies to drugs or food \_\_\_\_\_

Any special medications \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_