



The Matrix Gym, Inc.

POLICIES AND PROCEDURES CHECKLIST

- Parents are responsible for the behavior and safety of their child(ren) while on the premises of The Matrix. This includes, but is not limited to, the lobby, bathrooms, waiting areas, parking lots, etc.
- Unaccompanied children under the age of 14 ARE NOT ALLOWED in the weight room facility under ANY circumstance.
- Children not participating in class MUST sit with their parents during classes in the designated areas. Children are not permitted to roam freely throughout the facility for any reason.
- **CHILDREN MAY NOT PLAY ON EQUIPMENT AND/OR CANNOT BE LEFT UNATTENDED IN ANY OF THE GYM AREAS AT ANY TIME.**
- Each family will be required to pay an annual \$35.00 registration fee for the first child and \$10.00 per additional child in the immediate family. The fee(s) will be charged upon initial registration and annually thereafter.
- **ALL** tuition is due the THIRD week of each FOUR week session. The Matrix reserves the right to enroll students on the waiting list and replace the athlete if tuition has not been received by the priority deadline.
- **NO CREDIT IS GIVEN FOR MISSED CLASSES.** The only instance where tuition will be prorated is if a student joins a class mid-session.

PLEASE INITIAL:

I have read and understand the above policies and procedures. _____

PRINTED NAME OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____



_____ TODAY'S DATE _____ START DATE

The Matrix, Inc. Registration Form

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY. PLEASE READ, INITIAL AND SIGN ALL AGREEMENTS.

FAMILY NAME: _____ HOME PHONE: (____) _____

MOTHER'S NAME: _____ CELL: _____ WK: _____

FATHER'S NAME: _____ CELL: _____ WK: _____

STREET ADDRESS: _____ CITY: _____

ST: _____ ZIP: _____ EMAIL(S): _____

STUDENT INFORMATION:

FULL NAME: _____	PREFERRED NAME: _____
ALLERGIES: _____	GENDER: M F AGE: _____ BIRTHDAY: ____/____/____
PREFERRED TIME AND DAY: _____	
ABILITY/EXPERIENCE: _____	

FOR OFFICE USE ONLY
ANNUAL REG. FEE: _____
CA CK# _____ VS MC
TOTAL: _____
OTHER: _____
EMP INITIALS: _____

In Case of Emergency (other than parents):

_____ Relation: _____ Phone: _____

MEDICAL AUTHORIZATION:

**I FULLY UNDERSTAND THAT THE STAFF MEMBERS OF THE MATRIX ARE NOT PHYSICIANS OR MEDICAL PRACTITIONERS OF ANY KIND. WITH THAT IN MIND, I HEREBY RELEASE MATRIX GYM, INC. TO RENDER FIRST AID TO MY CHILD(REN) IN THE EVENT OF INJURY OR ILLNESS AND IF DEEMED NECESSARY TO CALL AN AMBULANCE WHICH I AGREE TO PAY FOR. AS A PARENT/LEGAL GUARDIAN, I AGREE TO PROVIDE HEALTH INSURANCE FOR THE MINOR CHILD(REN) AND/OR GUARANTEE PAYMENT OF ANY MEDICAL EXPENSES INCURRED AS A RESULT OF TRAINING, PERFORMING, OR PARTICIPATION IN ACTIVITIES AT THE MATRIX. INITIALS: _____

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS (MENTAL OR PHYSICAL) OR MEDICATIONS WE SHOULD BE AWARE OF? PLEASE CIRCLE: SEIZURES, DIZZY SPELLS, PREVIOUS NECK OR SPINE INJURIES, HIGH BLOOD PRESSURE, DIABETES, AUTISM, EPILEPSY, HEART CONDITION, ETC) OTHER: _____

ANY OF THE ABOVE CONDITIONS **REQUIRE A DOCTOR'S RELEASE CLAIMING YOUR CHILD IS FIT ENOUGH TO TAKE "TUMBLING", "CHEERLEADING", AND/OR "FITNESS CLASSES". IF MY CHILD REQUIRES AN INHALER TO BE BROUGHT TO CLASS, I UNDERSTAND THAT I AM REQUIRED TO STAY WITH HIM/HER AND GET A DOCTOR'S RELEASE. INITIALS: _____

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE MATRIX GYM, INC. IF MY CHILD(REN)'S CONDITION CHANGES DURING THE COURSE OF ENROLLMENT AT THE MATRIX. INITIALS: _____

THE MATRIX, INC. **MULTIPLE CHILD FORM:** FAMILY LAST NAME:

CHILD'S FULL NAME: _____ **PREFERRED NAME:** _____

ALLERGIES: _____ **GENDER:** M F **AGE:** _____ **BIRTHDAY:** __/__/__

PREFERRED TIME AND DAY: _____

ABILITY/EXPERIENCE: _____

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ALLERGIES: _____ **GENDER:** M F **AGE:** _____ **BIRTHDAY:** __/__/__

PREFERRED TIME AND DAY: _____

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