



Registration Form:

	M	F	/	/	
Child's Name	Gender		Date of Birth		Age
1 st Parent/Guardian's Name	Cell Phone		Work Phone		
2 nd Parent/Guardian's Name	Cell Phone		Work Phone		
Street Address	City		State	Zip	
Emergency Contact	Cell Phone		Other Phone		
Email Address(es): <i>*Required to send out statements.</i>					
Please list any allergies, medical conditions or special needs of this child:			Please list any medications this child takes:		
School Attending				Grade	
Please circle days your child will be attending: M T W Th F			Is transportation from school required? Yes _____ No _____		
Please indicate ALL individuals (including parents/guardians) authorized to pick up your child					
Name		Relationship		Name	
Relationship		Name		Relationship	
1.				4.	
2.				5.	
3.				6.	
How did you hear about Bronco Elite Gymnastics? Please check one.					
<input type="checkbox"/> T.V. Family	<input type="checkbox"/> Van Graphics	<input type="checkbox"/> Facebook Ad	<input type="checkbox"/> Facebook Page		
<input type="checkbox"/> Google Search	<input type="checkbox"/> Yahoo/Bing Search	<input type="checkbox"/> You Tube Ad	<input type="checkbox"/> Our Website		
<input type="checkbox"/> Living Social/Groupon	<input type="checkbox"/> Birthday Party	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Other		



Insurance Information:

Insurance Company Name:	Group #:	Subscriber's Name:
Physician's Name:	Phone #	

I hereby grant authority to the staff of Bronco Elite Gymnastics to render judgment concerning medical assistance or hospital care, in the event of an injury or illness during my absence, if I am unable to be contacted.

Photography **Yes** **No**

We like to display pictures of our program in action for promotional purposes. Please indicate if Bronco Elite Gymnastics is allowed to use your child's picture for these purposes.

Permission to Transport **Yes** **No**

I give my child listed permission to be transported by Bronco Elite Gymnastics and their employees on field trips and any other planned group activities.

Parent/Guardian's Signature _____ **Date** _____



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the activities offered by Bronco Elite Arts & Athletics, 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, I will immediately discontinue participation in the activity. I fully understand 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.

I hereby release, discharge, and covenant not to sue Bronco Elite Arts & Athletics, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future 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, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been 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, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Today’s Date



Terms and Conditions

The following terms and conditions apply for all Afterschool Adventures accounts

Payment Date

Tuition is due on the 1st of each month. A \$10.00 late fee will be charged to your account if tuition is not received by the 10th of the month. Tuition is billed based on the days you schedule your child to attend.

Schedule Changes

Permanent schedule must be submitted in writing on a Schedule Change Form. Changes must be received by the 5th of the month to take effect on the 15th. Changes must be received by the 20th of the month to take effect on the 29th. If additional days are used prior to the start of the scheduled change, those days will be charged at the drop-in rate.

Drop-In and In-Service Days

If care is required for days that the Boise School District is closed, fees are applied as follows: Students enrolled in monthly BASA program \$25.00 per day; Drop-In or In-Service days only \$48 per day (including Holiday and Spring Break). Drop-In Care is subject to availability.

Absenteeism

Tuition refunds cannot be given if your child is out for a day they were scheduled to attend or for early withdrawal.

Withdrawal Policy

A Class Cancellation Form must be completed by the 14th of the month to make the cancellation effective at month end. If a child leaves the program without advance notice, payment on the account will be expected until cancellation is received.

Additional Charges

Late Fee: A \$10.00 late fee will be charged to your account if tuition is not received by the 10th of the month. Balances must be paid in full. If payment of late fee and outstanding balance is not made in full, the payment received will be applied to late fee first and tuition second. Late fees will continue to be added to balances carried forward.

NSF Fee: \$20.00 will be charged for all returned items, including late fee, if applicable.

Child "No Show" Fee: \$10.00 will be charged if our staff makes calls to locate your child at the time of pickup.

Termination of Services

If account becomes 2 months past due, Bronco Elite Arts & Athletics, LLC may terminate care until account balance is paid in full. If there is a wait list, your child's place may be forfeited and given to the next child on the wait list. Bronco Elite Arts & Athletics, LLC reserves the right to terminate care at any time.

Collection of Fees

Bronco Elite Arts & Athletics, LLC reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process.

After Hours Policy

Please note that closing time is 6:00pm, if you pick up your child after that time, **\$1.00 for each additional minute** of care will be billed to your account.

By signing below, I acknowledge that I have read and understand the terms and conditions of this payment contract and agree to abide by all the above state terms. I also understand that I, the undersigned, am the person solely responsible for payment of this account regardless of any other parties involved (i.e. co-payer, ICCP, etc.).

For identification purposes only, please provide the following:

Child(ren) Last Name (if different from parent/guardian's)

Parent/Guardian Name (printed)

Parent/Guardian Signature

Today's Date

Telephone Number

Email Address



106 East 48th Street Boise, Idaho 83714 208.389.9005

broncoelite.com boiseinfo@broncoelite.com



Participant Acceptance of the Policies & Procedures

It is required that all participants and their guardians read and understand the Afterschool Adventures Program Policies & Procedures. Upon reading the 2017-2018 Policies & Procedures and signing this document, both parents and participants agree to abide by all rules and regulations described herein and are informed of all consequences for not abiding by said regulations.

Bronco Elite Arts & Athletics, LLC reserves the right to change, add or subtract elements of the Policies & Procedures as need arises.

I have read the Afterschool Adventures Program Policies & Procedures and upon signing this document agree to abide by all rules and regulations described herein. I understand that Bronco Elite Arts & Athletics, LLC reserves the right to change, add or subtract elements of the Policies & Procedures as need arises.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Participant Signature

Date

*Please read through the Afterschool Adventures Program Policies & Procedures with your child before signing this acceptance form and please return this form with all other registration materials to the front desk.



Payment Plan Authorization Form | CC

PLEASE PRINT LEGIBLY

Child's Name: _____

Name: _____
First Middle Initial Last

Email: _____ Phone: (____) _____

AMEX Discover Mastercard Visa

Card Number: _____

Expiration: ____ / ____ CVV Code: _____

Name on Card: _____

BILLING Address: _____

City, State, Zip: _____

FOR OFFICE USE ONLY:

- Sibling Discount
- iClass Note
- Keyword : 15th or 29th
- iClass Contract Updated

Monthly Payment Date: 15th 29th Start Date: ____ / ____ / ____

Auto Pay operates a month in advance. For example, February tuition is paid in January.

- Pay Full Account Balance
 - Allows for pro-shop/misc. items to be charged to account by parent/guardian
- Pay Monthly Tuition Only
 - All other expenses must be paid upfront

Which Transaction Emails do you wish to receive? Declines Only All Transactions

I authorize Bronco Elite Arts & Athletics, LLC to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider receives written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Payment Plan Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature

Date



Payment Plan Authorization Form | ACH

PLEASE PRINT LEGIBLY

Child's Name: _____

Name: _____
First Middle Initial Last

Email: _____ Phone: (____) _____

BILLING Address: _____ City/State/Zip: _____

Account Number: _____

Bank Routing Number: _____

Bank Name: _____

Type of Account: (circle one) Business Personal

Driver's License Number: _____

FOR OFFICE USE ONLY:

- Sibling Discount
- iClass Note
- Keyword : 15th or 29th
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Which Transaction Emails do you wish to receive? Declines Only All Transactions

Attach a
Voided
Check
HERE
Deposit
Tickets are
not accepted.

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Payment Plan Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature Date Second Authorized Signature of Bank Account *if required* Date