

REGISTRATION CONTINUED

Payment in full required except for camps - 1/3 due at time of enrollment for camps, 1/3 due by April 1st remainder due by May 1st. After May 1st, payment in full is due at time of registration. No refunds. Current immunization records and a copy of a physical within the past two years must be submitted for all camps.

Family Registration Fee \$50 (Valid 12 months)	\$
Family Pool Membership Please check one option below: <input type="checkbox"/> Full Summer (\$499) <input type="checkbox"/> Full Summer Group Rate - minimum of 10 families (\$400) <input type="checkbox"/> July Only (\$275) <input type="checkbox"/> August Only (\$275)	\$
Early drop off (8:00 AM) and/or late pickup (5:30 PM) fee (\$8/hour/day) for camp programs. Please indicate the dates/times here:	\$
Total Tuition for all summer classes/camps (from other side):	\$
Grand Total:	\$
Amount Paid at time of enrollment (1/3):	\$
Amount Due by April 1st (1/3):	\$
Amount Due by May 1st (balance):	\$

MC Visa Discover Cash Check	Credit Card #	Exp Date:
Signature authorizing payment on credit card:		Security Code:

ENROLLMENT AND REFUND POLICIES

A \$50 non-refundable family membership fee for all programs must accompany this form along with class tuition in order to register (unless the family is already a member of One Stop Fun in good standing). Registration fee is not deducted from the student tuition. All fees are due regardless of attendance. Returned check fee is \$25. All tuition costs and other payments are non-refundable.

If additional classes are being offered, two make up classes for karate and/or gymnastics can be made up during the current session on a space available basis. There are no makeups for missed makeups. Classes are non-transferable to other persons or succeeding sessions or other programs at One Stop Fun. There are no makeups for missed swim classes or camp days. Cancelled swim classes due to weather will be made up on Fridays, weather permitting and schedule permitting. No refunds will be given for missed swim classes or swim classes that are not made up. Outstanding balances may result in your child losing his or her spot assigned space in our program. In case of a documented injury in or outside of the gym, a credit will be applied to your account for missed classes, from the date we were notified of the injury in writing. A doctor's note is required. The credit can only be used for the next consecutive session and is non-transferable.

RELEASE AND WAIVER

In consideration of participating in any activity at One Stop Fun, Nashoba Gymnastics Academy and/or ICCL Corporation (collectively, "OSF"), including without limitation, birthday parties, indoor playground, rock wall, moonwalks, trampolines, camps, open gyms, gymnastics, dance, karate, yoga and swimming, I, the child(ren)'s parent and/or legal guardian represent that I understand the nature of the activities and that I am and the above named child(ren) are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe any conditions are unsafe, I will immediately discontinue participation in such activities. I fully understand that the activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own or the above named child(ren)'s actions, 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 or the above named child(ren) incur as a result of my or the above named child(ren)'s participation in the activities. I hereby release, discharge, and covenant not to sue One Stop Fun, Nashoba Gymnastics Academy, and/or ICCL Corporation, their respective administrators, directors, agents, officers, managers, members, volunteers, and employees, other participants (the "Releasees") from all liability, claims, demands, losses, or damages, on my account or the child(ren)'s account caused or alleged to be caused in whole or in part by the negligence or the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, the child(ren) or anyone on my or the child(ren)'s behalf, makes a claim against any of the Releasees, I will defend, 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, including without limitation litigation expenses and attorneys' fees. I hereby give permission to OSF and the medical personnel selected by OSF to order x-rays, routine tests, treatment and transportation for me and the above named child(ren). In the event I cannot be reached in an emergency, I hereby give permission to OSF and the medical personnel selected by OSF to secure and administer treatment, including hospitalization, for me and the above named child(ren).

I have read this Release and Waiver and understand that I have given up substantial rights by signing 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. I release permission for use of my child(ren)'s picture for promotional material including brochures, advertisements, or One Stop Fun website.

Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in any of the above referenced programs; otherwise, please state "NONE". Any information you provide will help us to better teach your child. For example, hearing problems, ADD, delayed motor skills, prior injuries, tends to pronate, etc. Please let us know of any updates throughout the year.

1) Allergies: _____

2) Medications: _____

3) Physical Limitations or situations: _____

Read and agreed to by: (Parent/Guardian) _____ Date: _____