

Emerald City Gymnastics, Inc.
Gymnastics Registration and Release Form

Today' s Date: _____

Child' s Name: _____ Age: _____ Birth date: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Class: _____ Day: _____ Time: _____ Start Date: _____

Father : _____ Phone(H): _____ Work: _____ Cell: _____

Mother: _____ Phone(H): _____ Work: _____ Cell: _____

Emergency Contact & Phone: _____ / _____

Physician' s Name & Phone: _____ / _____

Any intolerance to drugs or medication? _____ Any medication that is taken regularly? _____

Please list any current or previous health problems/conditions that may affect the child's physical activity:

Waiver & Release

- I/We understand that participation in any instructional and/or recreational activities at Emerald City Gymnastics, Inc. (hereinafter referred to as "ECG"), including but not limited to: gymnastics, dance, ballet, cheerleading, trampolining, tumbling, Bump City, Monster Mountain (rockclimbing), Ropes Course and any other related programs at ECG (the "Programs") is voluntary, and that all Programs and the use of the relatel facilities and equipment therein carries some physical risk.
- I/We understand that if I/we or my/our minor child is injured or our property is damaged while participating in the Programs, that the injury or loss will not be covered or reimbursable by ECG.
- I/We agree to assume the risk of any and all illness or injury (minor, serious or catastrophic in nature, including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from participation in all Programs, whether allegedly resulting from my negligence or the alleged negligence of ECG or any of their employees or representatives.
- I/We hereby waive all claims, on behalf of myself/ourselves and claims by my/our minor child (including claims which may be brought after attaining majority), now or in the future, for any such Damages and do hereby release and discharge ECG and its respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I/We fully understand that ECG instructors, agents and employees ("ECG Staff") are not physicians or medical practitioners of any kind. With the above in mind, I/we hereby release and grant permission to the ECG Staff to render temporary first aid to my/our child in the event of any injury or illness, and if deemed necessary by the ECG Staff to call a doctor to seek medical help, including transportation by an ECG Staff member, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the ECG Staff deem this to be necessary.
- I/We assume full responsibility for all liability in connection with such Damages, and agree to indemnify ECG against any and all such claims and related costs, including claims by my/our minor child that may be brought after attaining majority.
- I/We certify: (i) that my/our child is in good health and that he/she has no physical limitations which would preclude him/her from the safe use of the facilities and equipment related to the Programs offered by ECG; and, (ii) that I/we have sufficient health, accident and liability insurance to cover any Damages that may result as a result of my/our child participating in the Programs, and if I/we have no such insurance, I/we certify that I/we am/are capable of personally paying for any and all such Damages.

Signature of Parent/Legal Guardian

Date

Signature of Spouse

Date

Rules and Policies

- Tuition is due at the first class of each month; a late fee of \$5.00 will be assessed for tuition paid after the 15th.
PLEASE WRITE THE CHILD' S NAME IN THE MEMO SECTION.
- Recreational class tuition is based on four lessons per month. All months that are shortened due to holidays receive extra lessons on subsequent months.
- Tuition will not be prorated for missed classes.
- Registration fee is non-refundable. This fee includes mandatory health insurance for all students; insurance is renewed annually.
- There is a \$30.00 charge for returned checks.
- If a child has missed two lessons and no contact or tuition has been received, we will assume the child has dropped and remove them from the class roster.
- Boys must wear shorts, T-shirt and/or sweats.
- Girls must wear leotards or shorts, T-shirt and/or sweats. Hair must be tied away from the face. No tights with feet.
- No jeans. No belts or buckles. No loose fitting attire. No jewelry.
- No food or gum in the gym or upper mezzanine areas.
- Parents are not allowed on the floor.
- Parents are responsible for their child until class begins. Parents are responsible to pick up their child at the end of class.
- In inclement weather, we will have class unless otherwise stated on our answering machine. We do not follow any school districts' snow policies.

Make-up Policies

Tuition is based on four lessons a month. We will provide one make-up per month. Exception: Months with holiday closings will be allowed additional make-ups to guarantee four lessons. A scheduled make-up that is not attended will count as the make-up.

I have read, and I agree to abide by the above rules and policies.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Registration Fee: _____

T-shirt Size: _____

Tuition: _____

T-shirt Color: _____

Total Paid: _____

T-shirt Recv' d: _____

Check #: _____