

# GYMNASTICS Unlimited

70 Weiss Ave., West Seneca, NY 14224 716-677-0338

## RECREATION

Student Name \_\_\_\_\_ M F  
 (Last) (First) (Sex)

Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell# \_\_\_\_\_

Emergency# \_\_\_\_\_ Dad Cell# \_\_\_\_\_

Dad's Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Work \_\_\_\_\_ # \_\_\_\_\_

Mom's Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Work \_\_\_\_\_ # \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Today's Date \_\_\_\_\_

Class Day/Time \_\_\_\_\_

Gymnastics Experience \_\_\_\_\_

### HEALTH INFORMATION

Doctor \_\_\_\_\_

Doctor's Phone# \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_

The Gym relies on the parent or legal guardian's judgment regarding the child's ability & health to participate in the sport/activity.

Does your child have any health limitations or issues?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (continue on back):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_(initial) **ATHLETE'S RELEASE/PERMISSION FOR MEDICAL TREATMENT**

Participant, in attending the gym and using the facilities, does so at his or her own risk. The Gym operator shall not be liable for any damage arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he or she does hereby fully and forever release and discharge the gym operator, all associated gyms, their owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the participants use of the gym and/or its facilities. Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height. If a minor, the parents acknowledge that they know of this injury risk the minor is assuming. In the event of an emergency requiring medical attention, I hereby grant permission to the personnel at Gymnastics Unlimited to administer first aid and a physician or other hospital personnel designated by the Gymnastics Unlimited to attend my son/daughter (or ward).

\_\_\_\_\_(initial) **RULES AND POLICIES STATEMENT**

By enrolling my child in Gymnastics Recreation Program, I recognize that I am obligated to follow the rules and policies of the program. I will also ensure my children understand and adhere to the rules and safety policies listed in brochure/postings. Also, I understand that:

1. I pay for my child's spot in his/her class, NOT by their attendance and there is NO pro-rating due to lack of attendance.
2. To avoid the late fee of \$5.00, the monthly tuition must be received in the office prior to the 2<sup>nd</sup> week of the lesson block. Payment received in the office after this date will be considered late.
3. To drop from a class or from the program, a written two week notice of cancellation must be given to the office. I will be responsible for that portion of the monthly tuition which is covered by the two-week notice. This is calculated from the date that the office receives the notice.
4. Gymnastics Unlimited reserves the right to remove my child from class for non-payment.

\_\_\_\_\_(initial) *In divorce cases, the adult bringing the child to class and that signs this form is responsible for the payment of charges. If the court has awarded custody to 1 parent and financial responsibility to the other, the person bringing the child in is still responsible for payment. You may bill your estranged, but it is not the responsibility of Gymnastics Unlimited.*

**If I fail to give the office a written two-week notice of cancellation, I will be responsible for one month's tuition.**

\_\_\_\_\_(initial) **AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSES ONLY**

Enrolling your child in Gymnastics Unlimited, you are also giving us permission to use your child's photo, strictly and only for promotional purposes.

By signing this, I acknowledge all of the above information and have initialed each section in complete understanding and give permission for all of the above.

\*Signature \_\_\_\_\_ Dated \_\_\_\_\_  
 Parent or Guardian (if participant is under age 18)

Registration Fee **\$35** (includes Free T-Shirt): \$ \_\_\_\_\_ Pd. on \_\_\_\_/\_\_\_\_/\_\_\_\_ by Cash / MC / VISA / Check # \_\_\_\_\_  
 (While supplies last)  
 Received T-Shirt \_\_\_\_\_ (initial)