



**Release form 2021-2022**

**PARENTS: Please fill out!!**

**STUDENT INFO!!!!!!**

**Contact Information:**

Mother's name:(last/first) \_\_\_\_\_

Mother phone number \_\_\_\_\_

Father's name:(last/first) \_\_\_\_\_

Father phone number \_\_\_\_\_

\_\_\_\_\_ (last)

\_\_\_\_\_ (first)

**M F** Date of birth \_\_\_\_\_

Students address: \_\_\_\_\_ NY \_\_\_\_\_  
(house #, street) city State zip code

Parents E-mail address Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Party responsible for tuition \_\_\_\_\_ signature: \_\_\_\_\_

(must also sign release @ bottom if other than mother or father)

contact information if other than mother/father: address: \_\_\_\_\_ phone # \_\_\_\_\_

**HEALTH INFORMATION**

city/state/zip \_\_\_\_\_

My child has medical insurance: y / n

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 behavioral or health limitations/issues that may affect class or learning?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Class, Day, Time \_\_\_\_\_  
T-shirt Revd. \_\_\_\_\_  
(office use only)

\_\_\_\_\_  
(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/or 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 program's rules & policies. I will also ensure my children understand and adhere to the rules and safety policies listed in brochure/posting & my child understands they MUST follow any staff instructions. 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 by the 15th of the previous month. Payment received in the office after this date will be considered late. If the 15th is a day the office is closed, payment is required PRIOR to the 15th to avoid being 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. Email is acceptable. Telling staff in person or over the phone is **not** notice.
4. Gymnastics Unlimited reserves the right to remove my child from class for non-payment.

\_\_\_\_\_  
(initial) *The adult bringing the child to class and that signs this form is responsible for the payment of charges.*

*Gymnastics Unlimited is not responsible in collecting any payments from any other party than the one who signs this form.*

**You may bill a 3<sup>rd</sup> party, but it is NOT the responsibility of Gymnastics Unlimited to collect from any person other than the signee.**

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

**Additional health requirements to enter facility:**

\_\_\_\_\_  
**I, nor my child, will not enter Gymnastics Unlimited if myself or my child has or had:** 1.a fever of 100.4 or above, 2. coughing or wheezing, 3. a cold, 4. diarrhea, pink eye, vomiting or any other contagious virus, 5. not been symptom free of any of the above for at least 24 hours.

\_\_\_\_\_  
(initial) In addition, I understand, even with precautions, becoming ill is still a risk)

\_\_\_\_\_  
(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.

**5.** 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. I am also the person responsible for payment (if not the custodial parent)

\*Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent or Guardian (if participant is under age 18) and person responsible for tuition if other than mother or father



Gymnasts Name: \_\_\_\_\_

**PRECAUTIONS GYMNASTICS UNLIMITED IS TAKING TO KEEP YOU HEALTHY:**

- Face covering must be worn while entering/exiting building and in waiting areas. These this may change depending on situation and the discretion of the owner.
- All entering building will be required not: to have a fever, cough, wheezing, cold, diarrhea, vomiting, pinkeye or any other communicable virus symptoms currently or in the past 24 hours.
- hands will be washed/sanitized upon entering facility & regular intervals.
- Physical distancing while in building is required.

**Building Cleanliness**

- Continue to disinfect and sanitize entire facility/workspaces every evening as well as after classes throughout the day
- Doors that can be propped open will be. Door handles will be wiped and cleaned after uses.
- Hand Sanitizer stations throughout building accessible and monitored for refill.
- Drinking fountains will be closed and students encouraged to bring water bottles.
- Cubbies will be taken out of use.
- One person at a time will be allowed in bathrooms which will be cleaned regularly.

**Traffic Flow**

- Drop Off/Pick Up encouraged; No more than 1 adult per athlete in the building with limited/no onsite viewing
- Everyone will use the designated entrance to the building to control traffic flow.
- While in the building physical distancing will be complied to using 6' markings inside/outside building
- All are required to comply with signage regarding distancing/traffic patterns
- Everyone will use the designated exit from the building to control flow. No early entry or delayed departure.

**During Practice**

- Athletes should come dressed for practice and have their own backpack or drawstring bag to carry all gear including shoes with them during practice.
- Each athlete will keep their own chalk and their own spray bottle if they use them with their own grips and carry these in their personal backpack.
- Coaches will remind athletes of proper hygiene, handwashing and social distance recommendations.
- Stations and activities will be modified to allow safe distance between athletes.
- Employees will clean and disinfect training areas throughout the day.

**Tuition:** If for some reason you/your child need to quarantine, tuition will not be prorated. Tuition will be prorated only 2 weeks if Gymnastics Unlimited informs you that quarantine is necessary due to the remote possibility of a case in your child's group. In the case the gym is required to shut down for a period of time, no refunds will be issued, but credits WILL be applied to accounts for future use.

**ASSUMPTION OF RISK:** You agree that you have read and understand the above precautions being taken by Gymnastics Unlimited. You choose to accept the risk of contracting any communicable virus for yourself and/or your child(ren) in order to take classes at Gymnastics Unlimited because you acknowledge these services are of such value that you are willing to accept being exposed, possibly contracting and/or spreading any communicable illness in order to use Gymnastics Unlimited's premises in person.

\_\_\_\_\_  
Please print parent/legal guardian

\_\_\_\_\_  
signature

\_\_\_\_\_  
date