



### Release form 2023-2024 Learning 'n' Motion

**OFFICE USE ONLY**  
LEARNING n MOTION

Childs last name: \_\_\_\_\_

Child's first name: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_ **M / F** (circle one)

Parent/Guardian 1: Name: \_\_\_\_\_ phone #: \_\_\_\_\_

Parent/Guardian 2: Name: \_\_\_\_\_ phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person responsible for tuition (if other than parent/guardian): \_\_\_\_\_ phone \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

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

#### HEALTH INFORMATION

**All of the following statements on this page & back must be initialed.**

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: \_\_\_\_\_

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

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).

\_\_\_\_\_ Participant attending the gym and using the facilities, does so at his or her own risk, The Gym operator, administrators, coaches & staff 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.

#### TUITION POLICIES STATEMENT

\_\_\_\_\_ By enrolling my child in Gymnastics LIM Program, I understand that a yearly registration fee is paid at time of registration and; each installment will be paid by 8/15/23, 10/15/23 and 1/15/24.

\_\_\_\_\_ 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.

\_\_\_\_\_ Gymnastics Unlimited reserves the right to remove my child from class for non-payment.

\_\_\_\_\_ Gymnastics Unlimited does NOT refund paid tuitions.

#### ADDITIONAL HEALTH AND FACILITY POLICIES

\_\_\_\_\_ I understand that policy may change without notice and Gymnastics Unlimited will post policy changes via email, on the website and in the monthly newsletter.

\_\_\_\_\_ I understand it is my responsibility to provide a working email as this is Gymnastics Unlimited's main communication with parents. It is my responsibility to keep abreast of Gymnastics Unlimited's communications.



(Additional Health and facilities policies cont.)

\_\_\_\_\_ 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 taken by Gymnastics Unlimited, becoming ill is still a risk

**AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSES and the private LIM Facebook page ONLY**

\_\_\_\_\_ I understand Gymnastics Unlimited may publish my child's picture on social media and/or advertising. He/she will not be identified.

**DROP OFF/PICK UP:**

\_\_\_\_\_ Children will be left to a staff person at the door from a vehicle to prior to class and released to a parent/guardian after class. I understand that if I choose to come to the door at drop off / pick up, I will REMAIN OUTSIDE.

\_\_\_\_\_ The circle is for drop off and pick up ONLY. **Parking in the circle is prohibited.** IF I need to get out of my car, I will PARK it in a spot in the lot.

\_\_\_\_\_ There will be no early entry or delayed departures.

**MISSED CLASSES**

\_\_\_\_\_ I understand Gymnastics Unlimited does NOT offer make ups for missed classes.

**ASSUMPTION OF RISK:**

\_\_\_\_\_ I have read this release form regarding any and all classes at Gymnastics Unlimited. I agree to follow all rules and understand that there is an assumption of risk involved with participating in the sport of gymnastics. I agree not to hold Gymnastic Unlimited, its officers, agents or instructors responsible for any damages, injuries illnesses, permanent disabilities or even death which may occur with my association to Gymnastics Unlimited. I will give proper notice of any injury that may limit participation in any class. I understand and give permission for medical treatment to be initiated by Gymnastics Unlimited. I understand policies may change without prior notice, but notice will be given via email, website post and newsletters. It is my responsibility to keep updated of Gymnastics Unlimited communications.

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

\_\_\_\_\_ signature

\_\_\_\_\_ date

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

Registration Fee **\$50:** \$ \_\_\_\_\_ Pd. on \_\_\_\_/\_\_\_\_/\_\_\_\_ by Cash / MC / VISA / Check(initial)

Date \_\_\_\_\_

**Program runs Sept. 11, 2023 - May 20, 2024**

**\*\* Follows school holidays + CLOSES with OP schools emergency days.**

**Does NOT follow closures for conference days**