



Release form 2022-2023

OFFICE USE ONLY
Class, Day/Time _____
T-shirt Rec'd. _____

Childs last name: _____
 Child's first name: _____
 Child's Date of birth: _____

Parent/Guardian 1: Name: _____ phone #: _____
 e-mail: _____
 Parent/Guardian 2: Name: _____ phone #: _____
 e-mail: _____

Address: _____ City: _____ Zip _____

Emergency Contact Name: _____ Phone: _____

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

_____ (initial) I am the custodial parent and responsible financially to Gymnastics Unlimited I may bill a 3rd party, but I understand 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 Recreation Program, I understand that a yearly registration fee & 1st month tuition is paid at time of registration and;

_____ The remaining year's monthly tuition is due PRIOR to 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.

_____ 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.

_____ 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 the portion of the tuition which is covered by the two-week notice. This is calculated from the date that the office receives the notice in person or via email. Telling staff in person or over the phone is **not** notice.

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

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.



(Addition Health and facilities policies cont.)

_____ 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.

_____ 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 ONLY

_____ I understand Gymnastics Unlimited may publish my child's picture on social media and/or advertising.

DROP OFF/PICK UP:

_____ Gymnasts will be left to a staff person at the door from a vehicle or the sidewalk prior to class and released to a parent/guardian waiting outside or in a vehicle 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.

VIEWING:

_____ I understand I must SIGN UP to view a maximum of 1x per month. IF after I have viewed my 1x, I may call the gym to sign up to view again in a given month the morning of my child's class.

_____ Gymnastic Unlimited allows 8 people to view. I understand that only 1 adult per gymnast may view and I will not bring children in order to give ALL adults the opportunity to watch their children.

CANCELLED AND MISSED CLASSES

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

Gymnastics Unlimited WILL offer make up classes for PLANNED Closings (ie: Thanksgiving, Memorial Day etc).

_____ Gymnastics Unlimited does NOT refund paid tuitions. Credits MAY be offered depending on circumstances.

_____ I understand Gymnastics Unlimited offers make up classes for scheduled closings during school breaks. At times they will be offered PRIOR to the class actually being missed. It is my responsibility to attend those make ups.

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:_____