

GYMNASTICS Unlimited

70 Weiss Ave., West Seneca, NY 14224

716-677-0338

RECREATION 2016-2017

Student Name _____ M F
 _____ (Last) _____ (First) _____ (Sex)

Date of Birth _____

*E-mail address _____ (for monthly newsletters)

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? _____

____ (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/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 1st of the month. 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) *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 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.

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.

*Signature _____ Dated _____

Parent or Guardian (if participant is under age 18)

Registration Fee \$40: \$ _____ Pd. on ____/____/____ by Cash / MC / VISA / Check # _____

Received t-shirt _____ (initial) Date _____

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

Yes _____ No _____

If yes, please explain (continue on back):

