

# Foothills Gymnastics Training Center

## Registration Form & Waiver

Student Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

| <i>For Office Use Only</i> | <i>For Office Use Only</i>               | <i>For Office Use Only</i> |
|----------------------------|--|----------------------------|
| Registration: \$ _____     | Tuition: \$ _____                        | Total: \$ _____            |
| Prorated: \$ _____         | 2 <sup>nd</sup> Child Discount: \$ _____ |                            |
| Trial Date: _____          | Start Date: _____                        | Class Day: _____           |
| Time: _____                | Class/Instructor: _____                  | Sign Up: Y/N _____         |

### MEMBERSHIP AGREEMENT

**\*\*Tuition:** I understand that tuition is monthly, and I agree to pay tuition **by the 10<sup>th</sup> day of the month**. Non payment of tuition by the third class of the session may result in forfeiture of my child's space in the program. A \$10.00 late fee will be applied to your bill on the 11<sup>th</sup> day of the month.

**\*\*Make-Up Classes:** I understand that **only one (1)** make up class is allowed **per month** for missed classes. **No credits or refunds are given for missed classes.**

**\*\*Dropping a Class:** I agree to give a **(2) two-week notice** to the office **and fill out a Drop Form** in order to terminate enrollment. I agree to pay all tuition for that two-week period.  
*Please see Policy Sheet for more information*

### CLUB WAIVER AND RELEASE

We the staff of Foothills Gymnastics Training Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, martial arts and dance. While safety is our number one priority, students may suffer injury, possible minor, serious or catastrophic in nature. It must be recognized that any sport involving height and motion can lead to injury.

Foothills Gymnastics Training Center, it's coaches and it's staff members are not liable for injuries sustained by students or spectators during the course of, or in the transportation to or from, any of it's programs to include classes, exhibitions, competitions or clinics. With this in mind, and being fully aware of risks and possibility of injury involved, I consent to have my child participate in the programs offered by Foothills Gymnastics Training Center. I, my executors or other representatives, waive and release all claims that I or my child may have against Foothills Gymnastics Training Center and it's representatives whether paid or volunteer. I also agree that Foothills Gymnastics Training Center may photograph or videotape my child and use it for the promotion.

**I, being the parent or legal guardian of the above child, have read and understand the above waiver and Membership Agreement and give my permission for emergency medical treatment to be provided for my child should I be unavailable.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical History Form

Please indicate any of the following conditions:

- |  |   |
|--|---|
| <p>_____ Diabetes<br/>_____ Sight Difficulties _____ Glasses _____ Contacts<br/>_____ Bone or Joint Problems/Kidney Problem _____<br/>_____ Asthma Meds? Y/N _____ Headaches _____<br/>_____ Breathing Problem-explain _____<br/>_____ Heart Problems/Murmur _____<br/>_____ Hyperactivity Meds? Y/N _____<br/>_____ Previous Neck or Back Injury? _____<br/>_____ Hearing Difficulties/Hearing Aid _____<br/>_____ Sequence Learning Difficulty _____<br/>_____ Communications Difficulty _____</p> | <p>_____ Dental Appliances _____<br/>_____ Braces _____<br/>_____ Arthritis _____<br/>_____ History of Fractures _____<br/>_____ Where? _____<br/>_____ History of Surgeries _____<br/>_____ Please List _____<br/>_____ Nosebleeds _____<br/>_____ Attention Deficit _____<br/>_____ Learning Disability _____</p> |
|--|---|

***Any Condition that you feel we should be aware of, or which should be explained further?*** \_\_\_\_\_

List allergies and the reaction from them: (ex. Allergic to latex)

\_\_\_\_\_

Is your gymnast currently on any medications that we should be aware of?

\_\_\_\_\_

It is recommended that your child has had a physical within the last three (3) years. Date: \_\_\_\_\_

Immunizations up to date? \_\_\_\_\_ Name of Physician \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hospital Preference \_\_\_\_\_

## Medical/Health Acknowledgement

**I acknowledge that gymnastics is a strenuous, physical sport and I certify that my child is in good health and physical condition and is fully able to participate in the program and will maintain that physical condition so long as he/she participates in the program.**

**I certify that my child has medical insurance and is currently covered through:**

**Insurance Company Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

