

## GYMNAST INFORMATION FORM

Gymnast Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Father and Mother (or guardian) \_\_\_\_\_

It is the policy of North Shore Gymnastics to take all precautions to prevent any injuries. However, please fill out the information listed below so we may act quickly in the event of an incident.

### PERSON TO CALL IF PARENT CANNOT BE REACHED

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any intolerance to drugs or medication \_\_\_\_\_

Any previous or current illness, behavioral disorder, condition or injury that we should be aware of \_\_\_\_\_

If so, are there any restrictions \_\_\_\_\_

## GYMNAST MEMBERSHIP AGREEMENT

1. APPRECIATION OF RISK – I am fully aware of and appreciate that gymnastics activity involves motion, rotation and/or height and, therefore, creates the possibility of serious accidental injury. I agree to indemnify and hold harmless North Shore Gymnastics, Inc., its owners, officers, agents or employees for any and all claims arising as a result of engaging in or participating in all activities of North Shore Gymnastics, Inc. incidental thereto, whenever, wherever or however the same may occur. This includes but is not limited to all instructional gymnastics classes including those with parent participation, preschool classes, birthday party activities, open gym, summer jamboree and charitable fund raisers.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By allowing your child to participate in activities at North Shore Gymnastics and entering our facility, you voluntarily assume all risks related to exposure to COVID-19.

2. MEDICAL ATTENTION - I hereby release the North Shore Gymnastics Staff to render temporary first aid treatment to my child, \_\_\_\_\_, in the event of an injury during the course of participation in the program.

3. TUITION POLICY – Because we have limited class sizes and a weekly progression lesson plan in our developmental gymnastics program, we are unable to replace your child should he/she decide to drop out. Both the parent and the child should understand this policy because there are no refunds after the 4<sup>th</sup> week and, therefore, it is the responsibility of the parent to pay for the entire session. A \$5 late fee will be applied if any account must be billed.

4. PARENTAL MEDICAL RELEASE – the parent is responsible for knowing that their child is physically able to participate in gymnastics. We highly recommend that their physician clear the child for participation.

5. PHOTOGRAPHY – As a matter of course in our business, photos which include our gymnasts are occasionally placed on our website or facebook page.

As parent or legal guardian of, I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Where did you hear about us? Word of mouth Newspaper Yellow pages Internet Prior student Kid's Directory