

ROSE'S GYMNASTICS REGISTRATION FORM

YEAR: 20__ - 20__

1st Child: Last Name: _____ First Name: _____

Age: _____ Birth date: ___/___/___ Sex: Male/Female School: _____

2nd Child: Last Name: _____ First Name: _____

Age: _____ Birth date: ___/___/___ Sex: Male/Female School: _____

3rd Child: Last Name: _____ First Name: _____

Age: _____ Birth date: ___/___/___ Sex: Male/Female School: _____

Parents'/Guardians' Names: _____

Name & relationship of person paying tuition, if other than parent or guardian: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____

Father's Employer: _____ Work Number: _____

Mother's Employer: _____ Work Number: _____

Mother's Cell Number: _____ Father's Cell Number: _____

How did you hear about us? (Please indicate by circling an option below)

Birthday Party Facebook On-Line Search Website Doctor Referral
Eastern Parent Magazine Daily Reflector Her Magazine Phone Book Word of Mouth
Other: _____

FOR OFFICE USE: Staff Initials: _____

1st Child: Class Level: _____ Day: _____ Time: _____ Start date: _____

2nd Child: Class Level: _____ Day: _____ Time: _____ Start date: _____

3rd Child: Class Level: _____ Day: _____ Time: _____ Start date: _____

Date Registered: ___/___/___ Method of Payment: _____ Amount Paid: _____

Paid for: _____

FUN TRAK 2010 - 2011:

___ SESSION 1 – week of August 30 – week of December 13

___ SESSION 2 - week of January 3 – week of April 11

___ SESSION 3 – week of June 13 – week of August 15 (10 weeks)

Monthly Installments: _____ Full Session: _____

Method of Payment: _____ Amount Paid: _____

ATTENTION: This is a warning statement. Please read carefully!

Gymnastics is a popular and fun sport. However, as in all athletic activities, there is a risk of physical injury involved. No matter how careful the gymnast, coach or instructor is, no matter how many spotters are used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

The gymnastic equipment at RGTC meets all safety regulations and standards. We conduct regular safety checks and do regular maintenance procedures to insure the proper standards at all times. All safety aspects of the program are of prime importance to us at RGTC. All of the instructors will follow specific guidelines for skills progressions and safe spotting techniques. All safety rules and regulations will be strictly enforced to insure the well being of your child. We promise to do everything we can to make each and every one of your child's lessons as safe as possible.

ROSE'S GYMNASTICS TRAINING CENTER RELEASE FORM

I _____, the parent/guardian of _____, understand the risks inherent in participating in any physical activity such as gymnastics. I am willing to assume this risk and all aspects of this risk and so hereby give my consent for _____ to participate in activities at Rose's Gymnastics Training Center. I agree that Rose's Gymnastics Training Center along with its employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics activities at Rose's Gymnastics Training Center.

Date _____ Parent/Guardian Signature _____

ROSE'S GYMNASTICS TRAINING CENTER MEDICAL RELEASE FORM

My child _____ has had a physical by a medical doctor recently enough for me to know he/she is physically able to participate in gymnastics and other physical activities. I have listed any problem you should be aware of below. (Please note any allergies or special problems your child may have so we can better serve his/her needs.)

Date _____ Parent/Guardian Signature _____

I hereby give my consent to Rose's Gymnastics Training Center and its staff to provide through a medical staff of its choice, customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my child's participation in gymnastics activities with Rose's Gymnastics Training Center.

Date _____ Parent/Guardian Signature _____

****Sign below if your child will be transported from his/her child care center by Rose's Gymnastics****

PERMISSION TO TRANSPORT TO ROSE'S GYMNASTICS TRAINING CENTER
TRANSPORTATION PROVIDED BY RGTC

I hereby give permission to Rose's Gymnastics Training Center and its designated staff members to transport my child, _____ from his/her school to Rose's Gymnastics Training Center. I realize the children are being transported by van/bus and will be strapped in standard safety seats and belts during all transport.

Date _____ Parent/Guardian Signature _____