

ROSE'S GYMNASTICS REGISTRATION FORM

YEAR: 20 _____ **- 20** _____ **REG. DATE:** _____

Last Name _____ First Name/Nickname _____

Age: _____ Birth date: ____/____/____ Sex: _____ School: _____

Parents'/Guardians' Names: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: _____

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Cell # for mother: _____ Cell # for father: _____

Doctor: _____ Phone: _____

Brother &/or Sister in the Program: _____

CLASS LEVEL: _____ **DAY** _____ **TIME** _____

START DATE: _____

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 _____

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 TUITION POLICY AGREEMENT

This is to certify that I have read and understand the attached Rose's Gymnastics Training Center Tuition Policies and Procedures. I agree to submit a written withdrawal form notifying RGTC of my child's withdrawal from the program 30 days prior to withdrawal. I understand I will continue to be responsible for the monthly tuition until withdrawal form is filed.

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 for gymnastics class. I realize the children are being transported by van and will be strapped in standard safety seats and belts during all transport.

Date _____ Parent/Guardian Signature _____