

# Creative Gymnastics Center 2019-2020



## Emergency Form for Gymnastics Lessons, Tumbling and Ninja Power

**Student's Name:**

1<sup>st</sup> Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female

2<sup>nd</sup> Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female

3<sup>rd</sup> Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female

**Parent or Guardian's First and Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**PARTICIPATION:**

**Fully Informed:** The officers and staff of CREATIVE GYMNASTICS CENTER have been informed of any special physical or mental conditions that could influence the type, duration, or intensity of training the student will receive. Please list Allergies, Medical Conditions or Medications that could affect participation in gymnastics classes.

**Waiver and Release:** I/we are fully aware of, appreciate, and accept the risks involved in doing gymnastics and tumbling activities including; the risk of catastrophic injury, paralysis, and even death. I/we further agree that CREATIVE GYMNASTICS CENTER, along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of the student's participation in this sport.

**Agreement To Pay:** I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for the full monthly tuition even if only a partial payment has been made. **It is my responsibility to notify the office in writing or in person if I decide to drop from the program.** Registration fees are nonrefundable once classes begin.

**Photographs:** I give CREATIVE GYMNASTIC CENTER permission to take tasteful and appropriate pictures of my child for use in CGC printed publications and website.

I HEREBY GIVE MY PERMISSION TO CREATIVE GYMNASTICS CENTER TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD IF DEEMED NECESSARY:

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Only...**

Student #1 \_\_\_\_\_ Student #2 \_\_\_\_\_ Student #3 \_\_\_\_\_

Class #1 \_\_\_\_\_ Class #2 \_\_\_\_\_ Class #3 \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Reg. Fee \_\_\_\_\_

Tuition \_\_\_\_\_ Tuition \_\_\_\_\_ Tuition \_\_\_\_\_