



"Developing Skills For Life!"

STUDENT PROFILE AND CONSENT FORM

GYMNAST'S NAME _____ GENDER M/F BIRTHDATE ___/___/___
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE (____) _____ - _____ EMAIL ADDRESS _____

MOTHER _____ FATHER _____
CELL PHONE _____ CELL PHONE _____
WORK PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____

If parents are divorced or separated, name of custodial parent _____
EMERGENCY CONTACT _____ EMERGENCY # (____) _____ - _____

How did you find out about this gymnastics program? _____

Please list any challenges or health problems (including allergies, asthma, vision, diabetes, epilepsy, etc.) that would affect the student's participation in gymnastics. Please feel free to use the back of the paper if necessary.

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR

The undersigned, as a parent or legal guardian of the child registered on this form, hereby authorizes STARS Gymnastics and its delegated leaders and directors, to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, **STARS Gymnastics** will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that **STARS Gymnastics** and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of the minor is given in good faith in connection with any authorized event, and shall remain effective until revoked in writing and delivered to authorized STARS Gymnastics representative(s).

SIGNED: (Parent/Guardian) _____ DATE _____

FAMILY DOCTOR _____ Phone(____) _____ - _____

MEDICAL INSURANCE COMPANY _____

PHONE # (____) _____ - _____ POLICY NO. _____

For Office use only:

Start Date _____

Explanation of payment made _____

Reg. amount: \$ _____

PHONE

FIRST
CODE

DAY

STUDENTS LAST NAME
CLASS NAME

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in hazardous activities at **National Gymnastics Corporation dba Stars Gymnastics**, I represent that I understand the nature of this activity and that my child(ren) is/are qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately have my child(ren) discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the actions, or inactions, of my child(ren), those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that my child(ren) incur as a result of their participation in the activity.

I hereby release, discharge, and covenant not to sue **National Gymnastics Corp. dba Stars Gymnastics**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused, in whole or in part, by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Printed name of participant

Date: _____

Printed name of participant

Date: _____

Signature of parent or guardian

Signature of witness

Photography Release (This is for the purpose of marketing as well as social media)

By my signature, I hereby give permission for my child(ren) to be photographed by a representative of Stars Gymnastics during events, classes, and special activities at Stars Gymnastics, and I give my permission for those photographs to be used, without restriction as to changes or alterations, for advertising, promotion, exhibition, or any other lawful purposes, including social media. I waive any right to inspect or approve the photograph(s) that may be used now or in the future, whether that use is known or unknown to me, and I acknowledge that I understand that there will not be any compensation arising from the use of the photograph(s).

Printed name of participant

Date: _____

Signature of parent or guardian

Signature of witness



Stars Gymnastics

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RULES AND POLICIES FOR RECREATION & PRESCHOOL GYMNASTS

-----**REGISTRATION FEE:** An **ANNUAL** registration fee is required for ALL students enrolled in gymnastics. The fee for the first child in a family is \$30.00; additional children are \$15.00 each.

-----**FAMILY RATES:** The full tuition amount will be charged to the gymnast with the greatest tuition cost. Each additional family member will have a 10% discount applied to their tuition amount.

-----**DISCOUNTS:**

*** **Early Payment:** A **\$5.00 DISCOUNT** will be given if tuition is paid for the upcoming session, by the Saturday during the 5th week of the current session. The early payment discount week will be noted on our black board near the front desk.

*** **Referral** - A **\$5.00 tuition discount** coupon will be mailed to all families that refer other people (who register) in our program. (In order to get the discount your name must appear in the referral box on the enrollment packet.)

-----**REFUNDS/CREDITS:** No refunds or credits will be given once the session has begun.

-----**MISSED CLASSES:** In order to provide the safest, and best experience for your child, Stars Gymnastics makes every effort to ensure that our classes do not exceed our set teacher:gymnast ratio. When you enroll in a class you are paying for that spot and we will not give that spot to another child. That being said, we do realize that there are occasions when we all get sick or just have life get in the way. We will make every effort to accommodate **1 make-up class** during each six week period. Unfortunately, however, we cannot allow make-up classes to be carried over from one session to the next.

-----**DROP POLICY:** All students are automatically enrolled into **every** session, unless you let us know **PRIOR** to the last day of the session that they will not be continuing. After the session begins payment will be required, regardless of attendance, if written notice has not been received. Notice must be received in writing before the last Saturday of your child's current session (please refer to the session calendar.)

Drop slips may be obtained at the front desk and dropped in the tuition box.

-----**ATTIRE:** Hair must be tied up. For the safety of the gymnast, we ask that jewelry be removed before class.. Leotard or shorts (or sweatpants) and T-shirt only.

-----**OTHER:** Parents are not allowed in the gymnasium unless they are participating in a parent/tot class. All observation must be from designated areas.