



# Bay Area Gymnastics Team Registration Form

This form must be filled out, signed, and returned to the office.

## Gymnast Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
USAG# (if Applicable)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell

Please circle the appropriate group and indicate level: Recreational Level: Beginner / Intermediate / Advanced Team: Girls Team Level \_\_\_\_\_

## Family Information

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent Name #1

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Parent Name #2

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

E-Mail Address: Parent #1 \_\_\_\_\_ (required) Parent #2 \_\_\_\_\_ (required)

Please list a person willing to take responsibility for your child in case of emergency when you cannot be reached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

## Emergency Information

Allergies, Medications, or any other medical/physical conditions that we should know about:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Child's Doctor

\_\_\_\_\_  
Can your child be given: (Yes or No) Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Last DPT:

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Phone ( ) \_\_\_\_\_

## Acknowledgment of Financial Responsibility

We understand that our child is enrolled at Bay Area Gymnastics, and that we are responsible for the monthly tuition due on the 1<sup>st</sup> of each month. A \$25 late fee may be charged if tuition is not paid by the 8th of the month. If timely payment is not made, gymnast may be suspended from team unless arrangements have been made. An annual registration fee of \$65.00 is due every January 1<sup>st</sup>. A Team membership fee of \$100.00 is due on or before July 1<sup>st</sup>. Team Tuition is due every 1<sup>st</sup> of the month. Team meet fees will be separated out over 4 payments: Optional Level (October 5<sup>th</sup>, November 5<sup>th</sup>, December 5<sup>th</sup> and January 5<sup>th</sup>. Compulsory / Pre -team Level ( August / September / October/ November). Coaches fees are non-refundable. Team entry and Individual entry fee maybe credited back to an account if refunded from scheduled meet. \_\_\_\_\_parent Initial

## Acknowledgment of Risk and Waiver of Liability

Our child has no physical or health conditions that would limit his/her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at Bay Area Gymnastics; participate in activities at Bay Area Gymnastics; and to work on all of the necessary equipment. We understand that Bay Area Gymnastics will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/we understand that Bay Area Gymnastics may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; I/we waive all privacy-related claims based on such disclosure(s). We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, Bay Area Gymnastics, staff has our permission to use their judgment with regard to treatment until we are contacted.

Moreover, we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, we understand that our child will be transported to the nearest hospital OR (preferred hospital): \_\_\_\_\_ by the local emergency resource if rescue squad deems necessary. We understand that we are responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parent's behalf. \_\_\_\_\_parent Initial

**Warning ... catastrophic injury, paralysis, or death can result from improper conduct of this activity.**

*I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers, and other agents of Bay Area Gymnastics ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties. \_\_\_\_\_ parent initials*

*To the extent allowed by applicable law, I/we agree that I/we will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, I/we agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participation in activities at Bay Area Gymnastics. \_\_\_\_\_parent initials*

*By signing, I/we expressly state that I/we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that I/we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. I/We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect. \_\_\_\_\_ parent initials*

**INJURY / RETURN FROM INJURY**

If an athlete is injured, or is unable to participate in daily practices or gymnastics activities for 3 or more days, a Dr. note will be required to ensure the athlete is injured, not injured or contagious of any illness. If an athlete misses a scheduled meet, event or practice, there will be no refund, or make up days for days missed. Following an injury, a "Return to Full Activity Form" will be required from your treating physician prior to returning to the gymnastics activities. Always notify the coaching staff if your child is taking any medications, has a medical condition or needs assistance of any kind. \_\_\_\_\_ parent initials

**Photo Waiver/Release**

Bay Area Gymnastics, will take photos for advertising or informational purposes. I/We hereby give Bay Area Gymnastics , permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage. \_\_\_\_\_parent initials

**\*\*\* Please note these these Policies are subject to change without notice.\*\*\* \_\_\_\_\_ parent initials**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Membership Dues**

***I agree to continuous session enrollment and monthly payments processed on the 1<sup>st</sup> of each month.***

***A 30 day notice is required to stop automatic withdrawal from the program. Failure to give a 30 day notice***

***will result in my account being charged a \$25 cancellation fee per child. \_\_\_\_\_parent initials***

\_\_\_\_\_  
Signature of Parent (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (required)

\_\_\_\_\_  
Date