



## Idaho Falls Gymnastics Registration Form

Date \_\_\_\_\_ Class \_\_\_\_\_ Class Day(s)/Time \_\_\_\_\_

**Student's Name** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Neighborhood \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Home Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ # of children in gym \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Work Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Work Fax # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ **Mother's Email Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Work Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Work Fax # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ **Father's Email Address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Health Insurance Policy # \_\_\_\_\_

Restrictions/Medical Conditions Affecting Participation \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain

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## GYM POLICIES

**\*There will be ABSOLUTELY NO REFUNDS GIVEN. I/we also understand the cost involved and agree to pay in full each month. By signing this contract, I/we agree in the event our account become delinquent, I/we will assume full responsibility for fees associated with collections or court along with any losses incurred by I.F. Gymnastics Training Center, Inc.**

\*Monthly fees are due on the first day of each month. A late fee of \$10.00 will be charged after the 10<sup>th</sup> of each month.

\*Missed lessons have to be made up by the end of the **FOLLOWING PAID** month (Example: A missed lesson in July needs to be made up by the end of August, and August must be paid in full.)

\*A \$29.00 fee will be charged for returned checks.

\*All credits obtained **MUST BE USED** within 3 months of the date issued.

\*There will be **NO BAGGY CLOTHING ALLOWED AT ALL!** Gym attire for girls: one-piece leotards. Leotards with Lycra shorts underneath are acceptable, so are short unitards. For preschool classes, clothe shorts and T-shirts are acceptable. For boys, cloth shorts that do not come past mid-thigh and T-shirts that can stay tucked in. **NO JEWELRY ALLOWED AT ALL AND NO DENIM SHORTS.**

\*Single lesson fees are \$18.00/class for 2-hr classes or less & \$24.00/class for more than 2-hr+ classes.

\*Prices are subject to change without notice.

\*Parent must supervise children not attending gym.

\*Gymnasts are expected to be dropped off no earlier than 15 minutes prior to class and are expected to be picked up no later than 15 minutes after class. Excessive tardiness will result in a fee being charged.

### Emergency Medical Authorization/Waiver

**If I cannot be reached, in the event of an accident or emergency, while the above in under the care and supervision of I.F. Gymnastic Training Center, Inc., I hereby authorize and give permission to their staff/assigns to undertake and employ emergency first aid, emergency transportation, obtain emergency medical treatment, and act in my stead to follow such procedures as necessary to admit and treat any emergency condition, at any hospital, if it is deemed necessary. I attest that I have current and valid medical insurance and will be financially responsible for any and all emergency medical expenses. I.F. Gymnastic Training Center, Inc. has my full permission to act as a temporary guardian in an emergency situation. By signing this, I agree to hold harmless I.F. Gymnastic Training Center, Inc. and any hospital from any liability for commencing emergency medical treatment with any more consent than hereby given. For and in consideration of my/our voluntary participation in the gymnastics or related programs of I.F. Gymnastic Training Center, Inc., recognizing and attesting that all due legal warnings have been given, including the possibility of temporary or permanent injury, broken bones, catastrophic injury, death, paralysis, or neck or back injury, ligament or tendon damage, having determined that appropriate precautions are and will be taken in connection therewith, recognizing and personally attesting that gymnastics and related activities should be and are legally defined as inherently dangerous sport and activities. I/we hereby assume all risks, waive and forever release any and all rights and claims for personal injuries, mental and emotional suffering, property damages and loss of services which I/we may have, now or in the future against I.F. Gymnastic Training Center, Inc., it's officers, assigns, agents, employees, landlords, and successors. This waiver shall be binding on my/our family, heirs, executors, administrators and assigns.**

I am aware that gymnastics and related activities involve many RISKS, DANGERS, AND HAZARDS, including but not limited to height and rotation in a unique environment. I also understand that mats and other safety equipment & apparatus provided for my protection, including the active participation of a teacher who will assist in the ordinary negligence, both present and future, that may be made by my family and me. In addition, I agree to indemnify and hold I.F. Gymnastic Training Center harmless of and from any harm, injury, damage or loss of persons and/or property which my child may cause and/or contribute to while participating in the program.

I have carefully read and I understand this agreement and all of its terms. I understand that this, a release of liability, which will legally prevent me, my child, or any other person from recovering in any lawsuit or in connection with any other legal claims for damages **in the event of my child's death or any injury to my child. I nevertheless enter into this agreement freely and voluntarily** and agree that it is binding upon me, my child, and anyone claiming on behalf of or through my child, and our respective heirs, assigns and legal representatives. I intend that this release be valid and binding.

**I/we certify that the participant has had a recent physical exam (within the last year), is physically able to participate and presents themselves, physically and emotionally, fully ready to participate in all ways and with a full understanding of the rules, regulations and policies of I.F. Gymnastic Training Center, Inc.**

Gymnast's Signature ( Over 18 yrs old) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Where did you hear about our program \_\_\_\_\_ Referred by \_\_\_\_\_