



Registration Form

34675 Melinz Parkway Unit 103
Eastlake, OH 44095

STUDENT INFORMATION

Student Name: _____ M / F DOB: _____
 Allergies: _____ Medical Issues: _____
 Siblings Enrolled: _____

Parent's Name: _____
 Address: _____ City: _____
 Home Phone: _____ Work Phone: _____
 Mom cell: _____ Dad Cell: _____
 Email address: _____
 Emergency Contact Name: _____ Phone: _____
 How did you hear about us: _____

MEDICAL INFORMATION/WAIVER

Primary Medical Insurance Information

I am covered by primary health/medical/accident Insurance through: _____

Athlete Membership Agreement and Information

In consideration of my membership in Eastlake Gymnastics, LLC and my participation in gymnastics classes, events, and activities, I agree to be bound by each of the following:

- 1. Eligibility:** I agree to comply with the rules and by-laws of Eastlake Gymnastics, LLC.
- 2. Readiness to Participate:** I will only participate in those Eastlake Gymnastics classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
- 3. Medical attention:** I hereby give my consent to Eastlake Gymnastics, LLC. to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- 4. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I hereby waive and relinquish all claims and/or causes of action whatsoever against the City of Eastlake and all personnel associated with the organization, direction, and supervision of the Eastlake Gymnastics, LLC I, likewise, waive all claims, demands, and/or causes of action against any person transporting the named gymnast on this form to any league activity.

I further agree that Eastlake Gymnastics, LLC. and the sponsor of any gymnastics event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Signature of Parent/Guardian: _____ Date: _____



Parent Release Form for Photo or Media Recording

I, the undersigned, do hereby grant or deny permission to Eastlake Gymnastics, Inc. to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Eastlake Gymnastics Web site or Facebook page.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Eastlake Gymnastics setting only (not in the larger community).
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Eastlake Gymnastics, LLC. for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and return the original to Eastlake Gymnastics, Inc.

If you have questions, contact Eastlake Gymnastics at eastlakegymnasts@gmail.com

Class/Pre-Team Policies

The following gymnastics policies are made to help protect your child from injury. With gymnastics becoming such a highly specialized sport, there will always be some risk involved. **PLEASE** help us to enforce these policies. We want safety to be our most important policy.

1. Please make sure that Eastlake Gymnastics, LLC. has a medical emergency form and a medical release form on your child. Without this form, your child cannot attend practice. These forms **MUST** be kept updated. Should an emergency arise, the coaching staff needs to have clear and specific information on hand pertaining to your child.
2. Please let the coaching staff know if your child has any specific physical or mental disabilities. It would make a great difference in her/his learning abilities.
3. Should your child be injured during practice or meets, we need a letter from your child's doctor stating the she/he may return to gymnastics with full or limited participation. There is no exception to this policy.

ATTIRE

1. Please dress appropriately for practice. Pre-team and team members must wear leotards during practice. All other class members may wear a t-shirt and shorts to practice although leotards are the better choice.
2. Socks and gymnastics shoes may be worn if the gymnast prefers except while practicing the beam. The gymnast **MUST** be barefoot during this time of practice for safety reasons.
3. Hair must be pulled back away from your face. Longer hair must be kept in a ponytail during practice.
4. No jewelry is to be worn during practice with the exception of flat-post earrings.

PRACTICES

1. Be prompt! It is necessary for your child to be on time to practice. A thorough warm-up is essential for the safety of your child during practice. Be **ON TIME** to pick up your child after class.
2. Parents of all gymnasts **MUST** come into the building to pick up your child after practice. No gymnast will be released beforehand. If your child is to go home with someone other than yourself, a written note must be given to the coaching staff before the start of practice.
3. Discipline and elements to be learned during practices is the responsibility of the coaching staff only. Parents are requested to refrain from interacting with your child and the coaches during practice.
4. No horse-play or goofing off will be tolerated on or around the equipment. **NO-ONE** is permitted on the equipment before or after practice. Disciplinary action will be taken as determined by the coaching staff.
5. If, at any time during practice, the coaching staff should leave the gym area, all gymnasts are to stay off the equipment until the staff returns. **THERE IS NO EXCEPTION TO THIS POLICY.** Disciplinary action will be taken as determined by the coaching staff.
6. All class, pre-team and team members will be ordered at all times and be courteous to the coaching staff during practice. This is for their own safety. Failure to do so will result with a call to parents and the gymnast being removed for the remainder of the practice.

ABSENCE FOR PRE-TEAM & TEAM

1. Please let the head coach or treasurer know in writing if your child will be absent. Credits will be given only if there are 3 consecutive practice days missed due to illness, injury or vacation.
2. There are no make-up classes for team members.
3. If Eastlake Gymnastics, LLC. has to cancel practice, there are no credits given unless cancellations are three consecutive days in one week.
4. If a gymnast is out due to injury, we must have a doctor's not before the child can return to practice.

ABSENCE FOR ALL OTHER MEMBERS

1. If your child will be absent from practice, please call or email before the scheduled class time so a makeup class can be scheduled. If you do not call in or email, there will be no make-up class honored.
2. There is no credit given for missed practice.
3. Make-up classes are for illness, injury, or family circumstances only.

CAUTION

Any activity (especially gymnastics) involving motion, rotation, or height may cause serious accidental injury. Any skill involving the inversion of the body could be dangerous and cause serious neck and head injury.

In the Eastlake Gymnastics, LLC. program, we follow lesson plans every week so that your child progresses at certain skills in the proper way. We **DO NOT** put children up on the equipment until they have mastered certain skills to their coach's satisfaction.

Your child's coaches are qualified professionals and have had experience in spotting and coaching advanced level gymnastics. Please trust their judgment when it comes to your child's gymnastics abilities. We would not put your child in any danger or push her/him beyond their limitations.

Thank you,

Eastlake Gymnastics LLC

I _____ have read the above policies and talked them over with my child
_____. I fully understand all of the above and will abide by them as long as my child is in Eastlake
Gymnastics LLC

Parent's Signature : _____ Date: _____

Gymnast's Signature : _____ Date: _____

PLEASE RETURN THIS PORTION TO THE HEAD COACH PRIOR TO YOUR CHILD'S NEXT PRACTICE.