

Golden's Gymnastics Policies/Waiver August 2020-2021

Parent Name: _____ Parent Phone: _____
Parent email: _____

Child First and Last Name: _____ Age _____

Child First and Last Name _____ Age _____

Child First and Last Name _____ Age _____

Child First and Last Name _____ Age _____

Yearly Registration Fee (due in January)

(sessions run parallel to the school year with session 1 following summer session)

Session 3&4 \$15, Session 5 \$10, Summer Session \$7, Session 1 \$5, Session 2 No Charge

MAKE UP/REFUND POLICY

No Makeup classes will be allowed without written medical documentation.

NO Refunds will be given after the start of the session. If the gym must close temporarily, credit will be given toward future classes at gym discretion. _____(parent initial)

What to Wear

Students may wear tucked in T-shirts and shorts or leotards and shorts. **No midriffs may be shown/Sports Bra shirts not allowed.** NO chewing gum or dangling jewelry. Hair should be pulled back and worn in a manner not to interfere with workout. This facility's staff will not be responsible for ANY items that may be lost or stolen. _____(parent initial)

Photography

I understand that photos taken by Goldens Gymnastics may be used for website, facebook and promotional purposes. I grant permission for photos to be taken for this purpose. _____(parent initial)

Waiver/Acknowledgement

As legal guardian of my designated student(s), I hereby consent to all student(s) participating in the facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion including, but not limited to, tumbling and gymnastics related activities. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s) from all liability and for any damages and/or injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

I expressly understand and agree that my family's participation in any programs outside my home presents known and inherent risks regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough/fever, hospitalization/death. I understand Goldens Gymnastics has done their best to follow the most current health and safety guidance and that I am responsible to evaluate the risks that my family may face. By signing below and engaging in activities, I have assumed the risks and am responsible for our participation.

_____ My child has been examined by a physician and is fit to participate in gymnastics related activities.

_____ My child has not been examined however, I accept responsibility for injuries/previous injury/weakness.

Signature of Parent/Guardian

NO OUTSIDE FOOD OR DRINKS PERMITTED IN THE BUILDING!