

COURTHOUSE GYMNASTICS CO.

Summer 2019

REGISTRATION FORM

IF YOUR CHILD WAS REGISTERED ONLINE ANY TIME DURING FALL/SPRING 2018/19 YEAR (AUG-MAY) YOU DO NOT NEED TO FILL THIS FORM OUT.

THIS FORM MUST BE FILLED OUT COMPLETELY (FRONT AND BACK) AND SIGNED BY A PARENT OR LEGAL GUARDIAN ONLY. IF IT IS NOT FILLED OUT COMPLETELY AND SIGNED BY PARENT/LEGAL GUARDIAN ONLY, IT WILL NOT BE PROCESSED.

GENERAL INFORMATION: PLEASE PRINT CLEARLY!!

CHILD'S NAME FIRST LAST BIRTHDATE / / SEX AGE

ADDRESS CITY/STATE ZIP CODE

HOME PHONE # MOTHERS CELL # FATHERS CELL #

SCHOOL EMAIL ADDRESS REQUIRED/Print Clearly

MOTHER OCCUPATION WORK #

FATHER OCCUPATION WORK #

*WHO DOES CHILD LIVE WITH?

FAMILY PHYSICIAN PHONE #

HOPITALIZATION INSURANCE POLICY #

EMPLOYER CARRYING INSURANCE

IN CASE OF EMERGENCY, OTHER THAN PARENT (REQUIRED): Will only be used if parents cannot be reached.

NAME (Print) PHONE #'S /

PAYMENT POLICY:

ALL PAYMENTS ARE DUE AT THE TIME OF REGISTRATION. THERE IS A \$25 FEE ON ALL RETURNED CHECKS.

***PARENT OR LEGAL GUARDIAN RESPONSIBLE FOR PAYMENTS (Print) PHONE

PARENTAL AUTHORIZATION:

I, PARENT OR GUARDIAN OF THE ABOVE NAME WARD, HEREBY GIVE APPROVAL FOR SAID WARD TO PARTICIPATE IN ANY AND ALL ACTIVITIES OF THE COURTHOUSE GYMNASTICS CO. I ASSUME ALL RISK AND HAZARD INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM PLACES OF ACTIVITIES, AND AT PLACES OF ACTIVITIES, ALSO INCLUDED ARE EXHIBITIONS, OR PLACES OF ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS ANY ORGANIZATION (THE COURTHOUSE GYMNASTICS CO., OFFICERS, MEET DIRECTORS, SPONSORS, SUPERVISORS, COACHES, PARTICIPANTS AND PERSON TRANSPORTING THE WARD TO AND FROM ACTIVITIES) FOR ANY CLAIM ARISING OUT OF ANY INJURY TO THE GYMNAST/CHEERLEADER.

I ALSO VERIFY THAT MY CHILD HAS HAD A PHYSICAL EXAMINATION WITHIN THE PAST YEAR, AND FULL PARTICIPATION HAS BEEN APPROVED BY THE PHYSICIAN.

I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM LICENSED PHYSICIAN OR MEDICAL CLINIC SHOULD THE WARD BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AWAY FROM THE HOME OR AT ALL TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY.

I UNDERSTAND THAT THE VERY NATURE OF THE ACTIVITY GYMNASTICS /CHEERLEADING CARRIES A RISK OF PHYSICAL INJURY. NO MATTER HOW CAREFUL THE GYMNAST/CHEERLEADER AND THE COACH ARE, NO MATTER HOW MANY SPOTTERS ARE USED, NO MATTER WHAT HEIGHT IS USED OR WHAT LANDING SURFACE EXISTS, THE RISK CANNOT BE ELIMINATED. REDUCED YES, BUT NEVER ELIMINATED. THE RISK OF INJURY INCLUDES MINOR INJURIES SUCH AS BRUISES, AND MORE SERIOUS INJURIES SUCH AS BROKEN BONES, DISLOCATIONS, AND MUSCLE PULLS. THE RISK ALSO INCLUDES AND ALWAYS INCLUDES CATASTROPHIC INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH FROM LANDING OR FALLS ON BACK OR NECK.

By My Signature I attest that I UNDERSTAND AND AGREE TO THE ABOVE INFORMATION

X SIGNATURE OF PARENT OR LEGAL GUARDIAN ONLY DATE

**PRINT SIGNATURE NAME

FILL OUT AND SIGN THE NEXT PAGE

698 Liberty Road
Flowood, MS 39232
601-932-6680
Fax-601- 936-9182
Email- office@courthousegymnastics.com
Website- courthousegymnastics.com

PARTICIPANT'S MEDICAL HISTORY OF CHILD

*****SIGNATURE REQUIRED AT BOTTOM*****

PLEASE CIRCLE "YES" OR "NO" AND PROVIDE ADDITIONAL INFORMATION WHERE REQUESTED. ALL INFORMATION WILL BE CONFIDENTIAL.

1. ARE YOU ALLERGIC TO ANY MEDICATION? (ASPIRIN, PENICILLIN, ETC....)
NO YES (LIST AND EXPLAIN)_____

2. DO YOU TAKE A PRESCRIBED MEDICATION ON A PERMANENT OR SEMI-PERMANENT BASIS?
NO YES (LIST AND GIVE REASON)_____

3. HAVE YOU EVER HAD EPILEPTIC SEIZURES OR BEEN TOLD BY A DOCTOR THAT YOU HAVE EPILEPSY?
NO YES (LIST MEDICATIONS)_____

4. HAVE YOU EVER BEEN TREATED FOR DIABETES?
NO YES (LIST MEDICATIONS)_____

5. HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE ASTHMA?
NO YES (LIST MEDICATION)_____

6. HAVE YOU HAD A CONCUSSION OR HEAD INJURY IN THE PAST 3 YEARS?
NO YES (LIST DATES & EXPLAIN)_____

7. HAVE YOU HAD ANY BROKEN BONES OR FRACTURES IN THE PAST 2 YEARS?
NO YES (LIST DATES & INJURY)_____

8. HAVE YOU HAD ANY BACK, KNEE, SHOULDER, ANKLE, OR WRIST INJURIES IN THE PAST 2 YEARS?
NO YES (LIST DATES AND INJURY)_____

9. DO YOU HAVE ANY OTHER CONDITIONS THAT WE SHOULD BE AWARE OF ?
NO YES (SPECIFY AND GIVE DETAILS)_____

10. ARE YOUR TETANUS AND POLIO SHOTS UP TO DATE?
NO YES (GIVE DATES IF AVAILABLE)_____

By my Signature THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

X SIGNATURE _____ **DATE** _____

***PRINT SIGNATURE NAME** _____

****IN ORDER TO PROCESS YOUR REGISTRATION, THIS FORM MUST BE COMPLETED IN FULL, SIGNED BY PARENT/LEGAL GUARDIAN ONLY AND RETURNED TO US WITH the SIGNED RULES AND POLICIES, your \$15 NON REFUNDABLE REGISTRATION FEE & PAYMENT FOR CLASSES and the SCHEDULE YOUR CLASS FORM 2019.****

All Payments must be in Cash or Check. We do Not Draft accounts in the Summer.

COURTHOUSE GYMNASTICS CO.
SUMMER RULES & POLICIES
2019

Signature Required

1. PAYMENT OF TUITION AND REGISTRATION FEE:

*REGISTRATION FEES AND TUITION ARE NON-REFUNDABLE. ALL FEES ARE DUE AT REGISTRATION.

*THERE IS A \$25 CHARGE EVERY TIME A CHECK IS RETURNED TO US BY THE BANK.

*IF YOUR CHILD DROPS OUR PROGRAM THERE WILL BE NO REFUND OF TUITION.

DUE TO THE HIGH VOLUME OF CHECKS WE RECEIVE EACH MONTH, IT MAY TAKE SEVERAL WEEKS FOR YOUR CHECK TO CLEAR THE BANK.

WE DO NOT DRAFT CLASS TUITION IN THE SUMMER. ALL TUITION AND REGISTRATION FEES MUST BE PAID AT REGISTRATION WITH CASH OR CHECK ONLY. NO CREDIT CARDS. WE DO NOT ACCEPT FORMS WITHOUT PAYMENT.

2. MAKE-UP CLASSES

IF YOU ARE ON THE FLEXIBLE SCHEDULE YOU MUST CANCEL A CLASS, RESCHEDULE A CLASS, PAY THE \$2.00 CHANGE FEE AND FILL OUT A CHANGE FORM, **All 48 HOURS IN ADVANCE.** THERE ARE NO MAKE-UPS OR CHANGES IF YOU ARE ON THE SESSION PLAN.

3. WAITING

ALL STUDENTS MUST WAIT UPSTAIRS UNTIL THEY ARE CALLED DOWN TO CLASS. **CHILDREN WILL BE CALLED TO CLASS OVER AN INTERCOM UPSTAIRS.** PARENTS MUST WAIT/OBSERVE UPSTAIRS.

PRESCHOOL PARENTS SHOULD REMAIN IN THE BUILDING UPSTAIRS DURING THEIR CHILD'S CLASS.

ALL SIBLINGS, FRIENDS OR ANY OTHER CHILD MUST BE ACCOMPANIED BY AN ADULT WHILE UPSTAIRS, IN THE BUILDING OR OUTSIDE THE BUILDING.

4. PARKING

ALL VEHICLES MUST PARK IN DESIGNATED PARKING SPACES. **DO NOT PARK UNDER THE COVERED DRIVE THRU AT ANY TIME FOR ANY REASON even if you remain in the vehicle.** That area is for Pick Up & Drop Off Only. It is Not a carpool line.

5. PRIVATE LESSONS

SEE THE PRIVATE LESSONS RULES ON THE Private Lessons page OF OUR WEBSITE BEFORE YOU REGISTER. PRIVATE LESSONS ARE DONE ON THE INSTRUCTORS' OWN TIME. THEIR FIRST RESPONSIBILITY IS TO THE COURTHOUSE GYMNASTICS CO. PRIVATE LESSONS MAY HAVE TO BE RESCHEDULED BECAUSE OF GYM ACTIVITIES OR BECAUSE THE INSTRUCTOR IS NEEDED BY THE GYM. PRIVATE LESSONS MAY HAVE TO BE RESCHEDULED, CANCELLED TEMPORARILY OR PERMANENTLY ON SHORT NOTICE.

6. SIGNATURES

ANY REQUIRED SIGNATURES ON ANY FORMS MUST BE THE CHILD'S PARENT OR LEGAL GUARDIAN ONLY. ANY FORM WITH MISSING SIGNATURES OR SIGNATURES WRITTEN BY ANYONE OTHER THAN A LEGAL GUARDIAN OR PARENT WILL BE **VOID.** THE CHILD WILL NOT BE CONSIDERED REGISTERED IN OUR PROGRAM.

7. CONTAGIOUS CONDITIONS

DO NOT SEND YOUR CHILD TO PRACTICE WITH ANYTHING THAT COULD POSSIBLY BE CONTAGIOUS. EXAMPLE: POISON IVY, FEVER, RASHES, LICE, AND **WARTS**, ETC...

By my Signature I attest that I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE RULES AND POLICIES.

SIGNATURE (Parent/Legal Guardian) _____ DATE _____

* PRINT Signature Name _____

\$15.00 Registration Fee per child and Payment for Classes must accompany this Form.