

# CHES-CO GYMNASTICS, LLC

## Registration Form

\*\*\*PLEASE PRINT CLEARLY and LEGIBLY\*\*\*

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ M or F (circle)  
 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Returning Member \_\_\_\_\_ New Member \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ M or F (circle)  
 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Returning Member \_\_\_\_\_ New Member \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ (Relation) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Alternate Payer \_\_\_\_\_ (other than parents)

Any Allergies or Medical Conditions \_\_\_\_\_ Tuition \$ \_\_\_\_\_  
 Total Payment \$ \_\_\_\_\_

**MUST HAVE CREDIT CARD ON FILE**

Visa/MasterCard/Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID \_\_\_\_\_  
 Signature \_\_\_\_\_

Checks made payable to CCG

**TO REGISTER**

1. Complete this form in its entirety, *INCLUDING ALL SIGNATURES!*
2. Mail or deliver registration form to the gym with your check or money order or credit card information. Mailing address is P.O. Box 404, Oxford, PA 19363. Questions regarding registration, please call 610-932-2364.

**PAYMENT POLICY**

1. Payment is due 10 days after receipt of invoice or a \$35 late fee will be applied to account. There is a \$35 charge for checks returned for insufficient funds.
2. If you have not paid your child's tuition by the third class of the month he/she will not be permitted to participate in the class.
3. If your child is absent 3 consecutive times without notification, he/she will be dropped from the roster and you will be billed for the complete month.
4. There is an 8-week session commitment with registration. If a student withdraws before the end of the 8-week session, Ches-Co Gymnastics, LLC will charge the credit card on file for the remaining weeks of the registration and any outstanding balance and mail invoice with credit card receipt to address on file. By signing above you agree to these charges.

**CLUB WAIVER AND RELEASE FORM**

I fully understand that Ches-Co Gymnastics, LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Ches-Co Gymnastics, LLC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Ches-Co Gymnastics, LLC staff to call a physician and to seek medical help, including transportation by an ambulance to a health care facility or hospital (specify preferred facility \_\_\_\_\_) I hereby authorize and consent to first aid, x-rays, medical or surgical diagnosis or treatment and hospital care.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

We, the staff of Ches-Co Gymnastics, LLC recognize our obligation to make our students and their parent(s) aware of the risks and hazards associated with the sport of gymnastics, tumbling, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Ches-Co Gymnastics, LLC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Ches-Co Gymnastics, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Ches-Co Gymnastics, LLC and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. Insurance carrier \_\_\_\_\_ Policy/Group# \_\_\_\_\_

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Ches-Co Gymnastics will warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you agree to allow Ches-Co Gymnastics, LLC to use you/your child's likeness in a photograph taken on our premises in any or all of its publications, including website entries, without payment or any other consideration. Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE SIGN HERE**

Form must be completed in its entirety-including all signatures-in order for this registration to be processed.