

# TRIAL CLASS FORM



To be eligible for participation please complete, initial, and sign all sections

Student Name :  Date of Birth :  /  /   
(MM/DD/YYYY)

Home Street Address :

Town/City :  State :  Zip :

Prev. Experience :

Does this student have a physical or mental illness/disability we should know about? : ☐ Yes ☐ No

\*If yes, please describe on back

How'd you hear about us?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet / Social Media	Event / Invitation	Referred by: <input type="text"/>

Parent/Guardian Name :  Cell # :

Email :  Alt. Phone :

\*By providing your email you agree to receive occasional emails from TCG.

Class :  Day / Date :  Time :

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Tri-County Gymnastics from all liability claims, demands, losses or damages on the minor's account, including negligent rescue operations.

I am aware that while gymnastics, tumbling and ninja activities are individual sports, there will be times when incidental contact will occur. Tri-County Gymnastics will operate in a social and physical distancing environment when recommended by the CDC when possible, but even with best efforts and intentions, there will be times when the children will breach the prescribed (currently 6') distancing recommendation. In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly, and to prevent injury. I understand and agree that spotting will be part of the learning process at Tri-County, and I agree to permit my child's teacher and/or coach to physically assist my child when needed.

I agree that my child and any parent/guardian entering the building with him/her will not attend or observe classes at Tri-County Gymnastics within 24 hours of any fever, vomiting, or diarrhea. If my child or any parent/guardian entering the building with him/her may have been exposed to COVID-19 or any other highly contagious disease, or has shown the symptoms of such an illness as outlined by the CDC, I understand that (s)he must not attend or observe any activities at Tri-County Gymnastics for at least 5 days afterward. Additionally, if my child has any type of infection/rash/etc. that may be contagious, I agree to keep it covered at all times.

Parent/Guardian Name :

Parent/Guardian Signature :  Date :

Witness Signature :  Date :

## Emergency Contact

\*Must be different from the parent/guardians listed above.

Emergency Contact Name :  Cell # :

Relationship to Student :  Alt. Phone :