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WWW.COURTHOUSEGYMNASTICS.COM

COURTHOUSE GYMNASTICS CO.  
REGISTRATION FORM  
**SQUAD/TEAM**  
2009

OFFICE USE ONLY  
REG \_\_\_\_\_  
MONTHLY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
CHECK# \_\_\_\_\_

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

**GENERAL INFORMATION: PLEASE PRINT!!**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
FIRST LAST

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MOTHERS CELL # \_\_\_\_\_ FATHERS CELL # \_\_\_\_\_

SCHOOL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ (FOR NOTES & ACCOUNT INFO)

MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

HOPITALIZATION INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

EMPLOYER CARRYING INSURANCE \_\_\_\_\_

**IN CASE OF EMERGENCY, OTHER THAN PARENT (REQUIRED):**

NAME \_\_\_\_\_ PHONE #'S \_\_\_\_\_ / \_\_\_\_\_

**PAYMENT POLICY:**

THE COURTHOUSE GYMNASTICS CO. DOES NOT BILL UNLESS PAYMENTS ARE LATE. ALL PAYMENTS ARE DUE ON THE 1<sup>ST</sup> OF THE MONTH AND LATE AFTER THE 10<sup>TH</sup>. THERE IS A \$10 LATE FEE FOR ALL CHECKS RECEIVED AFTER THE 10<sup>TH</sup>. WE ALSO CHARGE A \$15 RETURNED CHECK FEE FOR EACH RETURNED CHECK. WITHDRAWALS MUST BE IN WRITING WITH A TWO WEEK ADVANCED NOTICE TO AVOID BEING CHARGED FOR CLASSES THAT WERE NOT ATTENDED.

**PERSON RESPONSIBLE FOR PAYMENTS** \_\_\_\_\_ 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.

I HEREBY UNDERSTAND AND AGREE TO THE ABOVE INFORMATION

**X** SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PARTICIPANT'S MEDICAL HISTORY**

08/09

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)\_\_\_\_\_

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

X SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**IN ORDER TO PROCESS YOUR APPLICATION, THIS FORM MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO US WITH YOUR \$40 NON REFUNDABLE REGISTRATION FEE. IF YOUR CHILD DOES NOT MAKE THE SQUAD THIS REGISTRATION FEE IS GOOD FOR OUR CLASS PROGRAM AUGUST 2009-JULY 2010. YOU WILL HAVE TO FILL FALL REGISTRATION INFO OUT TO GET A PLACE IN A CLASS.**

**CLASS DAY & TIME SIGNING UP FOR: CHEER TRYOUTS**

## **TEAM/SQUAD-RULES AND POLICES**

### **1. PAYMENT OF TUITION AND REGISTRATION FEE:**

REGISTRATION FEES AND TUITION ARE NON-REFUNDABLE .REGISTRATION IS GOOD FOR ONE YEAR.

TUITION PAYMENT IS DUE ON THE FIRST OF EACH MONTH. ANY PAYMENT MADE AFTER THE 10<sup>TH</sup> OF THE MONTH MUST INCLUDE A \$10 LATE FEE. WE ONLY ACCEPT CHECKS OR CASH. PAYMENTS ARE CONSIDERED ON TIME OR LATE BY THE DAY THEY ARE DELIVERED TO THE GYM, NOT BY THE DATE ON THE CHECK. IF YOU DO NOT COME TO THE GYM BEFORE THE 10<sup>TH</sup> YOU MAY MAIL YOUR TUITION. WE GO BY THE DATE OF THE POSTMARK.

THERE IS A \$15 CHARGE EVERY TIME A CHECK IS RETURNED TO US BY THE BANK.

**TEAM AND SQUAD MEMBER PAY FULL TUITION EACH MONTH REGARDLESS OF HOLIDAYS OR CLOSURES OF ANY KIND.**

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

**ALL TUITION CHECKS GO IN THE BLUE TUITION BOX ON THE WALL, ALL OTHER FEES GO IN THE "FEE FOLDER" WITH YOUR TEAM OR SQUADS FOLDERS. LABEL EACH CHECK WITH CHILDS NAME AND WHAT YOU ARE PAYING FOR.**

### **2. WITHDRAWAL**

WE MUST HAVE A WRITTEN WITHDRAWAL NOTICE IF YOUR CHILD DECIDES TO NO LONGER BE A MEMBER OF THE TEAM OR SQUAD. YOU WILL CONTINUE TO BE BILLED UNTIL WE RECEIVE WRITTEN NOTICE. TELLING A COACH DOES NOT COUNT AS A FORMAL WITHDRAWAL. IF YOU ARE REGISTERED FOR A RECREATIONAL CLASS YOU MUST GIVE A **2 WEEK ADVANCED WRITTEN NOTICE** TO WITHDRAW FROM THAT CLASS.

### **3. MAKE-UP**

MAKE-UPS ARE NOT USUALLY DONE, IF YOU FEEL YOUR CHILD NEEDS THEM SPEAK WITH THEIR COACH TO ARRANGE THIS.

### **4. WAITING**

ALL CHILDREN MUST WAIT UPSTAIRS OR WHERE THEY HAVE BEEN TOLD BY THEIR COACH, UNTIL THEY ARE CALLED OUT TO PRACTICE.

### **5. PARKING**

ALL VEHICLES MUST PARK IN DESIGNATED PARKING SPACES. **DO NOT PARK UNDER THE DRIVE THRU AT ANY TIME FOR ANY REASON.**

### **6. PRIVATE LESSONS**

PRIVATE LESSONS ARE DONE ON THE INSTRUCTORS OWN TIME. THEIR FIRST RESPONSIBILITY IS TO THE COURTHOUSE GYMNASTICS. 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.

### **7. SIGNATURES**

ANY REQUIRED SIGNATURES ON ANY FORMS MUST BE THE CHILD'S PARENT OR LEGAL GUARDIAN. 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.

### **8. 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...

I HAVE READ , UNDERSTAND, AND AGREE TO THE ABOVE RULES AND POLICES \_\_\_\_\_

SIGNATURE

DATE \_\_\_\_\_