

698 LIBERTY RD.  
FLOWOOD MS 39232

COURTHOUSE GYMNASTICS CO.  
REGISTRATION FORM

OFFICE USE ONLY  
REG \_\_\_\_\_  
MONTHLY \_\_\_\_\_

(601) 932-6680 FAX (601) 936-9182

FALL 2008/09 JA

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:**

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

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

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ SCHOOL \_\_\_\_\_

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

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

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

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

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

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

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

**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 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 SUFACE 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 \$30 NON REFUNDABLE REGISTRATION FEE.**

**CLASS DAY & TIME SIGNING UP FOR: JA** \_\_\_\_\_

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601-932-6680

WWW.COURTHOUSEGYMNASTICS.COM

**PLEASE READ CAREFULLY!!**

COURTHOUSE GYMNASTICS IS HAPPY TO ANNOUNCE OUR RETURN TO JACKSON ACADEMY  
( 4 & 5 YR OLDS ).

WE WILL BE BRINGING OUR HIGHLY QUALIFIED AND MOTIVATED STAFF TO THE SCHOOL ONCE A WEEK  
THIS FALL.

STARTING SEPTEMBER 5<sup>TH</sup> WE WILL BE OFFERING A 45 MINUTE CLASS OF GYMNASTICS ON FRIDAY  
FROM 12:30-1:15.

THE CLASS WILL CONSIST OF BASIC GYMNASTICS SKILLS, COORDINATION, FLEXIBILITY, AND  
STRENGTH ACTIVITIES.

WE WILL ONLY ACCEPT 18 CHILDREN IN THE CLASS. REGISTRATION WILL BE ON A FIRST COME FIRST  
SERVE BASIS.

**FEES:**

YEARLY REGISTRATION-----\$30 (GOOD AT JA AND OUR FACILITY)

45 MIN. OF INSTRUCTION-----\$60 (EACH 4 WEEKS)

TUITION IS DUE ON THE FIRST OF EACH MONTH AND LATE AFTER THE 10<sup>TH</sup>. THERE IS A \$10 LATE FEE  
AND A \$15 RETURN CHECK FEE.

ALL PAYMENTS MUST BE MAILED TO THE ADDRESS ABOVE. WE DO NOT DO MONTHLY BILLING BUT WE  
WILL HAVE A PAYMENT SCHEDULE AVAILABLE.

STUDENTS ARE NOT GUARANTEED A PLACE IN CLASS UNTIL WE RECEIVE A COMPLETED AND **SIGNED**  
**REGISTRATION FORM AND A SIGNED RULES AND POLICIES SHEET.**

THESE FORMS ARE AVAILABLE ON LINE AT [WWW.COURTHOUSEGYMNASTICS.COM](http://WWW.COURTHOUSEGYMNASTICS.COM).

***THE \$30 REGISTRATION FEE AND SEPTEMBERS TUITION (\$60) ARE ALSO DUE AT THE TIME OF  
REGISTRATION.***

***WE WILL START ACCEPTING REGISTRATION MONDAY AUGUST 11TH FROM  
5:00-6:00 AT OUR FACILITY.***

PLEASE CHECK OUR WEBSITE FOR A MAP OF WHERE WE ARE  
LOCATED, WE HAVE MOVED SINCE LAST YEAR. ANYTHING RECEIVED PRIOR TO 5:00 AUGUST 11<sup>TH</sup> WILL  
NOT BE PROCESSED UNTIL AFTER 6:00 ON THE 11<sup>TH</sup>.

IF YOU HAVE ANY QUESTIONS ABOUT OUR PROGRAM PLEASE FEEL FREE TO CALL US.

REGISTRATION FORMS MAY BE PRINTED OFF OF OUR WEBSITE [WWW.COURTHOUSEGYMNASTICS.COM](http://WWW.COURTHOUSEGYMNASTICS.COM)

THANK YOU  
COURTHOUSE GYMNASTICS

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READ, SIGN, AND TURN IN WITH REGISTRATION.

RULES AND POLICIES FOR COURTHOUSE GYMNASTICS

**PAYMENT OF TUITION AND REGISTRATION FEE:**

THE REGISTRATION FEE IS NONREFUNDABLE AND NONTRANSFERABLE. REGISTRATION FEE IS GOOD THROUGH SUMMER CLASSES AT OUR FACILITY.

**TUITION PAYMENT IS DUE ON THE 1<sup>ST</sup> OF EVERY MONTH.** ANY PAYMENTS MADE AFTER THE 10<sup>TH</sup> CARRIES A \$10 LATE FEE. WE ONLY ACCEPT CHECK, CASH, OR MONEY ORDER. THERE IS A \$15 RETURNED CHECK FEE. IF YOUR REGISTRATION CHECK BOUNCES YOUR CHILD IS NO LONGER ENROLLED IN OUR PROGRAM AND THE CHECK MUST BE REPLACED WITH CASH TO RE-REGISTER.

ALL PAYMENT MUST BE MAILED OR BROUGHT TO OUR FACILITY. MAIL TO ADDRESS ABOVE. **DO NOT LEAVE PAYMENT AT THE SCHOOL.**

**WITHDRAWAL FROM CLASS** WITHDRAWALS FROM CLASS MUST BE IN WRITING, WITH A TWO WEEK ADVANCE NOTICE. YOU ARE RESPONSIBLE FOR PAYMENT UNTIL WRITTEN NOTICE IS GIVEN.

**SIGNATURES** ANY REQUIRED SIGNATURES ON ALL OF OUR FORMS MUST BE THAT OF THE CHILD'S PARENTS OR LEGAL GUARDIAN. ANY FORM MISSING SIGNATURES OR SIGNED BY ANYONE ELSE OTHER THAN THE CHILD'S PARENT OR LEGAL GUARDIAN WILL BE VOID, THEREFORE THE CHILD WILL NOT BE REGISTERED IN OUR PROGRAM.

I UNDERSTAND AND AGREE TO FOLLOW THE ABOVE RULES AND POLICIES

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