

698 LIBERTY RD.
FLOWOOD, MS 39232

COURTHOUSE GYMNASTICS CO. REGISTRATION FORM

(601) 932-6680 FAX (601) 936-9182
WWW.COURTHOUSEGYMNASTICS.COM

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 _____

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 1ST OF THE MONTH AND LATE AFTER THE 10TH. THERE IS A \$10 LATE FEE FOR ALL CHECKS RECEIVED AFTER THE 10TH. 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

*******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)_____

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.

(PLEASE CHECK THE CLASS YOU WISH TO ATTEND)

CLASS DAY & TIME SIGNING UP FOR: JA

698 LIBERTY RD
FLOWOOD, MS 39232

JA

**RULES AND POLICIES FOR COURTHOUSE GYMNASTICS
READ, SIGN, AND TURN IN WITH REGISTRATION.**

PAYMENT OF TUITION AND REGISTRATION FEE:

THE **REGISTRATION FEE** AND **FIRST MONTH TUITION** ARE DUE AT TIME OF REGISTRATION. MUST BE PAID BY **CHECK** OR **CASH**.

TUITION PAYMENT ALL MONTHLY PAYMENTS (OTHER THAN FIRST MONTH) WILL BE MADE BY **AUTOMATIC WITHDRAWAL ONLY**. YOU WILL RECEIVE A LIST OF DATES TO TELL YOU THE FOUR WEEK PERIODS YOU WILL HAVE CLASSES. THIS WILL BE MAILED TO ALL STUDENT ONCE REGISTRATION IS COMPLETED.

WITHDRAWAL FROM CLASS WITHDRAWALS FROM CLASS MUST BE **IN WRITING**, WITH A TWO WEEK ADVANCE NOTICE. **THIS NOTICE MUST BE SENT TO OUR 698 LIBERTY RD ADDRESS**. YOU ARE RESPONSIBLE FOR PAYMENT UNTIL WRITTEN NOTICE IS GIVEN. CLASSES MAY NOT RUN AN EXACT MONTH DUE TO SCHOOL CLOSURES. REFER TO PAY PERIODS THAT WILL BE MAILED TO YOU.

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** _____