

698 LIBERTY RD.
FLOWOOD, MS 39232

COURTHOUSE GYMNASTICS CO.
REGISTRATION FORM
SQUAD

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

REG _____
MONTHLY _____
TOTAL _____
CHECK# _____

2010

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 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

*******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 \$40 NON REFUNDABLE REGISTRATION FEE.

(PLEASE CHECK THE CLASS YOU WISH TO ATTEND)

GYMNASTICS ___ PRESCHOOL (GIRLS/BOYS AGES 3,4,5) ___ BOYS PRESCHOOL (AGES 4,5)

___ GIRLS BEGINNER (AGES 6+)

___ GIRLS ADVANCED BEGINNER (INVITATION ONLY)

___ GIRLS INTERMEDIATE (INVITATION ONLY)

___ BOYS BEGINNER

___ BOYS ADVANCED BEG.

(INVITATION ONLY)

SPEED & STRENGTH _____

TUMBLING: ___ BEG. ___ INTER. ___ ADV. ___ SQUAD

___ PRIVATE LESSON

CLASS DAY & TIME SIGNING UP FOR: DAY _____ TIME _____ LEVEL _____

WAITING LIST REQUEST _____

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 10TH 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 10TH 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.

IF YOUR CHILD DROPS OUR PROGRAM THERE WILL BE NO REFUND OF TUITION.

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 A 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 IN 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 POLICIES _____

SIGNATURE

DATE _____