

Decal Gymnastics Emergency Information

Registration Date _____ Class Day / Time: _____

Gymnast Name: _____ DOB _____ Gender: M F

Address _____ City _____ Zip Code _____

Home Phone _____ Health Insurance Carrier _____

Allergies or Additional Information we should know about your child:

Primary Contacts:

First Name _____ Last Name _____ Phone _____

Email _____ Secondary Phone _____

First Name _____ Last Name _____ Phone _____

Email _____ Secondary Phone _____

Please Read and **Initial** the following statements:

___ **Make up Classes:** I understand that my child has **1** week after missed classes to make up his/her classes. If missed class is not made up in this time, class is considered void and will not be refunded. A make up sheet must be filled out when coming to class.

___ **Switching Class Days / Times:** If you decide switch class days or times, you must inform staff. You are allowed to switch at the start of a new session, unless otherwise stated by staff member.

___ **Tuition:** Tuition is due the first week of every session, if tuition is not paid in full before the start of the second week of class a **\$10** late fee per week will be charged to your account.

___ **By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coaches are; no matter how many spotters are used or what landing surfaces exist, the risk cannot be eliminated. I give permission for my child to participate in gymnastics.**

___ I give permission for my child's picture to be used or posted in brochures or on the Decal Gymnastics facebook page or website.

Signature _____ Date _____