

Decal Gymnastics Emergency Information

Class (day/time) _____ Location _____

Gymnast Name: _____ Age _____ Date of Birth _____

Address: _____ City _____ Zip _____

Home Phone _____ Emergency Contact Person _____

Health Insurance Carrier _____

Mother: First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Father: First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Please Read and Initial the Following:

_____ Make-Up Classes: I understand that my child has 1 week after a missed class to make up his or her class. If missed class is not made up one week following missed class, then the class is considered void. The class will no longer be able to be made up and will not receive a refund.

_____ 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 dollar late fee 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 son or daughter to participate in

Signature _____ Date _____