



Registration Date \_\_\_\_\_ Class Day/ Time \_\_\_\_\_

Gymnast Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Allergies or Additional Information we should know about your child :

\_\_\_\_\_ **Primary**

**Contacts:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_ **Make up Classes:** I understand that if my child has missed a class, there will not be a credit or make up allowed, unless if there is a snow day or gym cancellation.

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

\_\_\_\_\_ I give permission for my child's picture to be used or posted in brochures or on the Maine-ly Gymnastics facebook page or website.

\_\_\_\_\_ I understand the risks of Covid-19. I agree to indemnify and hold harmless Decal and Maine-ly Gymnastics, all Officers, Members, Employees, and Affiliates should issues arise from virus or pandemic events.

\_\_\_\_\_ I give permission of the Decal/Maine-ly Staff to spot my child when their safety is at risk.

\_\_\_\_\_ As the parent/guardian of child participating in class, I understand that if my child is not feeling well or showing signs of sickness that they will not be allowed to attend class.

Signature \_\_\_\_\_ Date \_\_\_\_\_