

Welcome to FGA!

# FLATHEAD GYMNASTICS ACADEMY

## RECREATIONAL GYMNASTICS ENROLLMENT FORM



Student's Last Name		First Name			Initial	
Address				Phone #		
City		State	Zip			
Email Address:		Age	DOB	Weight	M	F
Mother's Name:		Father's Name :				
Mother's Occupation:		Father's Occupation:				
Primary Insurance Co		Policy Number				
How did you hear about our gym? <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet						
<b>Emergency Contact Information</b>						
Primary Physician			Physician Phone Number			
Primary Contact Name			Phone #	H C W Phone #	H C W	
Secondary Contact Name			Phone #	H C W Phone #	H C W	
First Choice Classes		Day:		Time:		Coach:
Second Choice Classes		Day:		Time:		Coach:
<b>OFFICE USE:</b> Class Name:		Day/Time:		Coach:		Fee: _____ Enrollment Fee Paid <input type="checkbox"/>
<b>Past Medical History</b>						
<b>Allergies:</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, explain:						
<b>Surgery:</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, explain:						
<b>Chronic Illness:</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, explain:						
<input type="checkbox"/> Neurological		<input type="checkbox"/> Lung		<input type="checkbox"/> Medications:		<input type="checkbox"/> Psychological
<input type="checkbox"/> Seizures		<input type="checkbox"/> Asthma		<input type="checkbox"/> Bleeding Disorder		<input type="checkbox"/> Diabetes
<input type="checkbox"/> Abdominal		<input type="checkbox"/> Inhaler		<input type="checkbox"/> Heart		<input type="checkbox"/> Other (explain please):
<b>PAST INJURIES (please include date and type of surgery and restrictions, if any on separate sheet of paper):</b>						

### Flathead Gymnastics Academy Insurance Waiver

Flathead Gymnastics Academy is required to carry insurance on all participants regardless of their individual insurance status. We insure through Snyder insurance company. There is a \$100 deductible. This benefit is payable in excess of all other collectable group insurance the insured person may have. The injury must be reported to the company *immediately*. **Please sign the minor consent assumption of risk statement.**

1. The parent(s) and/or legal guardian(s) consent to and will instruct the minor participating in any Flathead Gymnastics Academy (FGA) program or event that he or she should inspect the facility and equipment to be used and if he or she believes anything is unsafe the participant should immediately advise the instructor of such conditions and refuse to participate.
2. I, we, understand and will instruct the minor participating that there are risks and dangers associated with participating in gymnastics activities, including but not limited to, bodily injury, partial and/or total disability, paralysis and death; the social and economic losses and/or damages, which could result from the risk and dangers described above, could be severe and that these risks and dangers are not known to us or are not reasonably foreseeable at this time by FGA.
3. I, we accept and assume such risks and responsibility for the losses and/or damages following such an injury, however caused in whole or in part by the negligence of FGA, other participants, coaches, instructors, officials, officers, directors, agents, and employees.
4. We agree that this consent and assumption of risk statement covers each and every event or activity sponsored by USAG and FGA.
5. My child has no physical, mental, or emotional problems that could interfere with his/her participation in this program. FGA may render first aid or emergency medical care deemed necessary while in attendance at FGA. This includes transportation to hospital by ambulance, x-ray, medical treatment, and diagnosis by a licensed physician.

**WE HAVE READ THE WAIVER AND SIGNED IT VOLUNTARILY**



Signature of Parent/or Legal Guardian:


Printed Name of Parent/or Legal Guardian:

Date:

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the **Sport of Gymnastics** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damage I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **Flathead Gymnastics Academy**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against and of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim


 Signature of Participant (or parent of minor child) Printed Name: Date:

### PLEASE USE THE FOLLOWING WAIVER: WHEN YOU HAVE A PARTICIPANT THAT IS A MINOR.

**\*\***(Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and/or Legal Guardian. **This waiver**, when the parent gives parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. **This waiver only covers the minor**. If the Parent decides to participate in the same activity as the minor please **make sure the Parent also signs the other Waiver in addition to this waiver**.

### PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

 Signature of Participant (or parent of minor child) Printed Name: Date:

## Flathead Gymnastics Academy Enrollment Policies

Flathead Gymnastics Academy reserves the right to change policies, procedures and class schedules at any time.

**Multi-Media Recording Permission**—At Flathead Gymnastics Academy we hope to share experiences with the public through publications such as, but not limited to, newspapers, our website, and video/slide show presentations. In order to do this, we would like your permission to include recording(s)/ photograph(s) of your child participating in activities and classes at FGA. I, \_\_\_\_\_, consent to recording(s)/photograph(s) of the above named child being included in FGA publications such as newspapers, web page, and/or video/slide shows. I understand that these recordings/photographs may be used by FGA in order to share this experience with others.

**Tuition Payment Agreement**—Tuition reminders are posted at FGA the week before tuition is due. A late fee of \$10.00 will be charged on the 10th day of the new month. Until these fees are paid, participation in class will cease. We require written withdrawal notice by the 15th of the month for the new upcoming class month (i.e.: May 15th, for June 1st withdrawal). **Withdrawal notices are accepted in writing only.** Withdrawal Form must be completed by a parent and turned in to the main office. You may choose to email us at: flatheadgymnastics@gmail.com, complete a withdrawal form with the front office and submit it in person, or download a withdrawal form from our website and submit it in person. You will be billed for tuition if you neglect to notify us, in writing, in time. There is a \$25.00 fee for all members for any returned checks. By signing this form, I understand and agree to Flathead Gymnastics Academy's Tuition Payment Policy.

**Make-up Class Policy**—Monthly tuition pays for your child's space in class, **NOT** their attendance. Flathead Gymnastics Academy's Missed Class Policy allows three (3) missed class per calendar year due to injury or illness **ONLY**. Missed classes must be reported and make-ups scheduled with our Main Office within one (1) week of your child's absence. Makeups offered are not guaranteed to accommodate all schedules. There are **NO** credits or refunds for missed classes. Make-up classes cannot carry over to the next month. You must make up your class in the month in which you missed your regular scheduled class. The only exception to this is if your missed class occurs on the last week of the month. You may carry over one (1) make up class as long as your are enrolled for classes in the following month. By signing this form, I understand and agree to Flathead Gymnastics Academy's Missed Class Policy.

**Substitution Policy**—We understand that consistency is an important part of your child's growth as an athlete here at FGA and strive to provide dependable instructors. However, substitutes may be necessary. Substitutes are pulled from our regular FGA coaching staff and educated in the specific course curriculum.

**WE HAVE READ THESE POLICIES AND ARE SIGNING VOLUNTARILY**

 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_