

# Summer 2018

## GYMNASTICS & CHEER TUMBLE

**PLEASE CIRCLE THE CLASS YOU WANT YOUR CHILD TO ATTEND**

**Monday**

- o 6:00-6:55                      Pre School (coed)                      ages 2 ½ - 5 yrs  
    Beg/Int                                      ages 6-12 yrs  
    Advance                                      By invitation only

**TUESDAY:**

- o 6:00-6:55 pm                      Pre School (coed)                      ages 2 ½ - 5 yrs  
    Beg/Int                                      ages 6-12 yrs  
    Boys    ages 6-12 yrs

**THURSDAY**

- o 6:00 - 6:55    CHEER TUMBLE                                      ages 6 yrs and up

**PLEASE CIRCLE THE DATES YOUR CHILD PLANS TO ATTEND:**

<u>MONDAY</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>THURSDAY</u>
	5/29		5/31
6/4	6/5		6/7
6/11	6/12		6/14
6/18	6/19		6/21
6/25	6/26		6/28
7/2			
7/09	7/10		7/12
7/17	7/18		7/20
7/24	7/25		7/19
			7/26

**PARENTS: PLEASE SIGN!**

**\*\* THERE WILL BE NO REFUNDS OR CREDITS FOR ANY MISSED CLASSES.**

**NO MAKE UPS FOR ANY REASON! THIS IS A FLEXI SCHEDULE.**

*Choose your dates.*

**You must pre- register/pre-pay; you cannot show up/register the day of the class.**

**Our class may be full!!!**

**\*\*NOTHING WILL CARRY OVER TO FALL REGISTRATION\*\***

**Your child must have a registration card on file or one needs to be filled out by legal guardian/parent.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SUMMER 2018**  
**GYMNASTICS & CHEERTUMBLE**  
**PRICE LIST**

**Your child will need a registration card on file or filled out and signed by parent or legal guardian**

1. \_\_\_\_\_  
                CHILD'S NAME    AGE    CLASS

2. \_\_\_\_\_  
                2<sup>ND</sup> CHILD'S NAME    AGE    CLASS

\_\_\_\_\_  
PARENT'S NAME    HOME #    WORK/CELL #

\_\_\_\_\_  
\_\_\_\_\_  
GYM/CHEER CLASSES @ \$19.00 = \_\_\_\_\_  
2<sup>ND</sup> CHILD GYM/CHEER CLASSES @ \$17.00 = \_\_\_\_\_

\_\_\_\_\_  
REGISTRATION FEE @ \$40.00 IF DUE = \_\_\_\_\_  
1<sup>ST</sup> CHILD

\_\_\_\_\_  
REGISTRATION FEE @ \$35.00 IF DUE = \_\_\_\_\_  
2<sup>ND</sup> CHILD

\_\_\_\_\_  
\_\_\_\_\_  
SQUAD REGISTRATION FEE @ \$15.00 = \_\_\_\_\_  
SQUAD TUMBLING CLASSES @ 11.25 = \_\_\_\_\_

TOTAL = \_\_\_\_\_

**PAYMENT**  
**(OFFICE USE ONLY)**

**CHECK#:** \_\_\_\_\_ **CASH #** \_\_\_\_\_ **CHARGE:** \_\_\_\_\_ **(TYPE)**  
**AMOUNT:** \_\_\_\_\_ **Amt:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**OFFICE: YOU MUST FILL OUT ALL INFORMATION FOR PAYMENT!**  
**OFFICE STAFF INITIALS:** \_\_\_\_\_

# Rockdale Gymnastics, Cheerleading & Dance Registration Form

## PARENTS: (Please Print)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency: Name: \_\_\_\_\_ Number: \_\_\_\_\_

MOM WORK: \_\_\_\_\_ MOM CELL: \_\_\_\_\_ DAD WORK: \_\_\_\_\_ DAD CELL: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## STUDENT INFO:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M or F

School's Name: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

How Did You Hear About Our Facility? \_\_\_\_\_

## LIABILITY WAIVER & CONSENT FOR MEDICAL TREATMENT

In consideration of being permitted to participate in any way in the Gymnastics Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardians will instruct the minor participant that prior to participating in the below gymnastics activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in gymnastics events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but limited to, the Releasees named below.
- (d) There may be other risks not known to us or are not reasonably foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the gymnasium or gymnastics facility used by the minor participant, including its owners, managers, promoters, lessees of premises used to conduct the gymnastics event or program, premises and event inspectors, underwriters, consultants and other who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the gymnasium or gymnastic facility or events held at such gymnasium or gymnastics facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee" . . . FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY ARISING OUT OF OR RELATING TO THE Events CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I, the undersigned parent/guardian of the above listed student, do hereby grant the authority to the staff of Rockdale Gymnastics, Cheerleading & Dance, Rockdale Karate and The Skatepark to render judgement concerning medical assistance in the event of an accident, injury, or illness if they are unable to contact a parent or legal guardian. I further authorize simple first aid, a medical or surgical diagnosis and treatment which may be deemed necessary.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I HAVE READ THE GYMNASTICS PROCEDURES AND AGREE TO ABIDE BY THEM FULLY. I ALSO AGREE TO NEVER DEDUCT FROM TUITION FOR CLASSES MISSED.

Student's Name

LAST

FIRST

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date