

2017-2018



After School Registration Form & Admission Policy



Prior to the admission to the Gymnastics Inc After School Program the following forms must be completed and signed by the parent/ guardian:

1. Registration Form and Fee
2. DSS Form 2900/General Record & Statement of the Child's Health
3. Gymnastics Inc Wavier
4. Financial Paperwork
5. Copies of legal documents if a child is not to be picked up by the non-custodial parent.

Enrollment Date: _____

Parent Registration Information:

Mother/Guardian: _____

Home Phone: _____ Cell: _____ E-mail: _____

Father/Guardian: _____

Home Phone: _____ Cell: _____ E-mail: _____

Registration for the Gymnastics Inc After School Program guarantees and holds a spot for your child, covers administrative fees, insurance, advanced planning of staff and classroom supplies. The fee is to paid prior to enrollment. **Registration will not be refunded at anytime.** This registration is **non-transferable**.

Fees

Registration Fee: \$125.00/Family (2 or more) \$75/ for 1 child Weekly Tuition: \$60.00/child

*Method of tuition payment is by automatic draft from checking **OR** draft by credit/ debit card.*

1st Child's Name: _____ Date of Birth: ____/____/____

Student's School: _____ Grade Completed: _____ Gender: Male Female

List any medical conditions or allergies that might require special attention. _____

2nd Child's Name: _____ Date of Birth: ____/____/____

Student's School: _____ Grade Completed: _____ Gender: Male Female

List any medical conditions or allergies that might require special attention. _____

Office Use Only Registration Amount _____ PAID by _____ CASH _____ CHECK _____ CARD *Initial* _____

WAIVER / RELEASE FORM

Athlete Membership Agreement and Information

Fill in all blanks. Original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my membership in Gymnastics Inc, and my participation in Gymnastic Inc classes, event and activities, I agree to be bound by each of the following:

- 1. Eligibility: I agree to comply with the rules of Gymnastics Inc.
- 2. Readiness to Participate: I will only participate in those Gymnastics Inc classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared for and practiced skills that I will perform. I will have the degree of confidence necessary to assure I can perform the skills by myself with coaches observation and assistance without injury.
- 3. Medical Assistance: I hereby give my consent to Gymnastics Inc and/or the Host Organization to Provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- 4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that Gymnastics Inc and the sponsor of any Gymnastics Inc event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through:

I am a citizen of the U.S. Yes No Signature of Athlete _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competition, and activities conducted by Gymnastics Inc.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: ____/____/____

I give Gymnastics Inc staff my permission to treat in case of minor injuries. **Initial** _____ Date _____

I give Gymnastics Inc permission to photograph listed child for marketing, personal gym photos or to sell to parents. **Initial** _____ Date _____

I acknowledge that I have read, understand, and agree to comply with the admission policy of Gymnastics Inc. for the 2016-2017 School Year. **Signature** _____

Director/School Representative _____ **Date** _____

Parent Authorization Form

Please initial beside the following statements, provide your signature at the bottom along with the date.

Facility Names: Gymnastics Inc

_____ **A. CONFIDENTIALITY POLICY:**

I understand that my child's record shall be kept in a confidential manner and maintained on file at the child care center. The file shall be immediately available to the Department of Social Services, the child's teacher/caregiver, parent, or guardian upon request.

_____ **B. DISCIPLINE:**

Gymnastics Inc uses positive discipline techniques such as: positive reinforcement, redirection or distraction, limits, consistency, talking, offering choices, etc. Our staff is trained in conflict resolution and encourages children to help in providing positive solutions.

Do you understand the discipline policy of this facility? Yes No

Does this childcare facility use corporal punishment as discipline? Yes No

_____ **C. MEDICINE:**

At the strong recommendation from the Department of Social Services, Gymnastics Inc do not administer medicine. Please ask your child's doctor to make prescriptions for two times a day so that you can administer the medication before and after school.

_____ **D. EMERGENCY MEDICAL TREATMENT:**

I give permission to Gymnastics Inc to obtain emergency medical treatment for my child.

_____ **E. PHOTOGRAPHS:**

I give permission to Gymnastics Inc to take pictures of my child that may be used on bulletin boards or websites without the use of my child's name.

_____ **F. TRANSPORTATION:**

I give permission for my child to be transported to and from the facilities.

I give permission for my child to be transported on field trips.

_____ **G. EXTRA CURRICULAR ACTIVITIES:**

I give permission for assigned teachers and gym coaches to remove my child from care only for additional classes I have enrolled him/her in at Gymnastics Inc. During center operating hours, my child is to be escorted back to their childcare room upon completion of the enrolled additional class.

Parent/ Guardian's Signature _____ Date _____

2017-2018 Additional Pick Up Form

The following people are allowed to pick up my child, _____ from Gymnastics Inc., during the 2017-2018 school year.

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

3. Name _____ Relationship _____

Phone _____

4. Name _____ Relationship _____

Phone _____

5. Name _____ Relationship _____

Phone _____

6. Name _____ Relationship _____

Phone _____

7. Name _____ Relationship _____

Phone _____

8. Name _____ Relationship _____

Phone _____

9. Name _____ Relationship _____

Phone _____

10. Name _____ Relationship _____

Phone _____

Parent/ Guardian Signature: _____

Parent/ Guardian Signature: _____

(Please fill out and return if applicable)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Company
Name: GYMNASTICS INC.

Company
ID Number: 562355629

I (we) hereby authorize GYMNASTICS INC., hereinafter called "COMPANY", to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Account
Number: _____ Number: _____

This authorization is to remain in full force and effect until "COMPANY" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "COMPANY" and "DEPOSITORY" a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____
(PLEASE PRINT)

Date: _____ Signature: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

(Please fill out and return if applicable)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDIT CARD)

Company
Name: GYMNASTICS INC.

Company
ID Number: 562355629

I (we) hereby authorize GYMNASTICS INC., hereinafter called "COMPANY", to initiate debit entries to my (our) credit card account indicated below at the financial institution named below, hereinafter call "CREDIT CARD COMPANY", and to debit the same such account. I (we) acknowledge that the origination of credit transactions from my (our) account must comply with the provisions of U.S. law.

CREDIT CARD COMPANY NAME: _____

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

V-Code on Credit Card: _____ Zip Code of Credit Card: _____

This authorization is to remain in full force and effect until "COMPANY" has received written notification from me (or either of us) of its termination in such time and such manner as to afford "COMPANY" and "CREDIT CARD COMPANY" a reasonable opportunity to act on it.

Name: _____

(PLEASE PRINT)

Date: _____ Signature: _____