



Gymnastics City
2121 Crompond Road
Cortlandt Manor, NY 10567

GymnasticsCity.com
(914) 734-1616

SUMMER REGISTRATION FORM 2019

Last Name: _____

Address: _____

_____ **Town** _____ **State** _____ **Zip Code**

Home Phone # _____ **E-Mail Address:** _____

Father's Name: _____ **Cell # ()** _____

Mother's Name: _____ **Cell # ()** _____

Emergency Name: _____ **Phone # ()** _____

List any problems (health, physical) that your child may have that we should know about:

All Tuition and Fees must be paid in full. I have read and understand all the rules and policies of Gymnastics City, Inc. A \$30.00 Non-Refundable Registration Fee must accompany this form in addition to your full payment.

DATE: _____ PARENT SIGNATURE: _____

Gymnastics Camp: \$180.00 per week (\$30.00 Non-Refundable Registration Fee for New Students only)

Child #1 Name: _____ (Please Circle) **Week:** 1 2 3 4 5 6 7

Male () Female () Age _____ Date of Birth _____

Child #2 Name: _____ (Please Circle) **Week:** 1 2 3 4 5 6 7

Male () Female () Age _____ Date of Birth _____

SUMMER CLASSES: (\$30.00 Non-Refundable Registration Fee for New Students only)

Child #1 Name: _____ **Class Day & Time** _____

Male () Female () Age _____ Date of Birth _____

Child #2 Name: _____ **Class Day & Time** _____

Male () Female () Age _____ Date of Birth _____

Office Use: DATE _____ AMOUNT _____ CASH OR CK# _____ COMPUTER _____ SHEETS _____ E Mail _____

NOTES: _____

Gymnastics City

2121 Crompond Road, Cortlandt Manor, New York 10567

GYMNASTICS CITY WAIVER AND RELEASE FORM

I fully understand that the Gymnastics City staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics City staff members to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gymnastics City staff members to seek medical help, or call a doctor, including transportation by a Gymnastics City staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gymnastics City staff deem this to be necessary.

Child #1's Name: _____ Birth Date: _____

Child #2's Name: _____ Birth Date: _____

✓ Parent or Guardian Signature: _____ Date: _____

We, the staff of Gymnastics City recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. I also understand that it is the parents' responsibility to warn the child about the dangers and injury. The parent should warn the child according to what the parent feels is appropriate. Gymnastics City will only warn the child through safety messages, and our teaching style and progressions.

At times we may use photos of our students on our web site, **Gymnastics City.com**. In addition, we sometimes use photos of our students on videos and various other advertising and promotional media. If you do not want your child's picture displayed, we require you to notify us in writing.

Gymnastics City, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any event.

With the above in mind, I am fully aware of and appreciate the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in Gymnastics, Tumbling, and Cheerleading activities and events. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. 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 any activities at Gymnastics City.

✓ Parent or Guardian Signature: _____ Date: _____