

Extreme Gymnastics 2009/10 Dual Release of Liability Waiver

Please print CHILD's name _____ **DOB** _____

Please print PARENT's name _____

Minor Release. Please read and sign.

I, the minor's parent and / or legal guardian, understand the nature of the activities and the minor's experience and capabilities and **believe the minor to be qualified, in good health, and in proper physical condition 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 releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the releasee named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

SIGNATURE of PARENT/Guardian _____ **Date** _____

Address _____ **Emergency Phone** _____

Please Read and Initial.

- All children that are not involved in class, **must be supervised by an adult**, refraining them from "horseplay", and/or anything of the like that would be deemed **UNSAFE or INAPPROPRIATE**, in or out of the building.
- Children are **NOT to be left ALONE OUTSIDE** waiting to be picked up.
- Parents must escort children in parking lot, reminding them to **WALK** in and around the building.
- Please park in the front parking lot, as non-staff vehicles are strictly prohibited from driving around the left side entranceway where children come and go.
- Please use the utmost safety and care when driving in, out, and thru the parking lot.

*** * * * ***

If you are participating in a Parent & Child Class, or, are over the age of 18- please read and sign.

I, (we) understand the nature of the activities and am **in good health and in proper physical condition without limitations to participate in such an activity.** I, (we) despite all reasonable precautions implemented for safety, am (are) 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 the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Extreme Gymnastics from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Extreme Gymnastics.

Participant signature (if over 18) _____ **Date** _____

LAST NAME OF FAMILY

Parent Information

Mother's Name _____ Father's Name _____
 Address _____ Address (if different) _____
 Town/State _____ Zip _____ Town/State _____ Zip _____
 Mother's Phone _____ Father's Phone _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 Email address _____

(Email is for updates, special promotions, and other pertinent information and will not be distributed.)

<u>Student Name</u>	<u>D.O.B.</u>	<u>Gender</u>	<u>Allergies</u>	<u>Medications</u>	<u>Limitations or Prior Injuries</u>

Emergency Contact Information (other than Parents):

Name _____ Phone _____ Relationship _____

Insurance Information (+photocopy of card):

Company _____ Phone _____
 Policy # _____ Group # _____

Referral Information:

How did **you** hear about EXTREME _____

Optional- Please list 2 friends whose children might benefit from our programs. (You receive tuition credit for NEW referrals that sign up)

Name _____ Name _____
 Address _____ Address _____
 Town _____ NJ Zip _____ Town _____ NJ Zip _____

Photo Release:

(During the course of the year, we may take photos in the gym to use on our website. NO NAMES are used in the photos.)

YES, I give permission to use photos of my child _____ / NO PHOTOS _____

Acceptance of terms:

I, (print name) _____ have received a copy of the **EXTREME GYMNASTICS REMINDERS AND POLICIES**, and I have read and **understand fully its contents**, especially with respects to **#1 Registration, #2 Payments, #3 Make-ups, #5 Session Enrollment, and #17 Pick ups/Drop offs.**

Signature _____ **Date** _____

EXTREME GYMNASTICS REMINDERS AND POLICIES 2009/10

1. REGISTRATION. Registration runs for a full year from the time of registering.

REGISTRATION FEES ARE NON-REFUNDABLE.

2. PAYMENTS. Tuition payment is expected to be **PAID IN FULL** prior to, or when the first class of each session starts. If by the 2nd week of the session, there is an account balance, a \$25.00 LATE FEE will be charged to the account. Any and all balances must be satisfied **BEFORE week 3** or unfortunately, the student will not be allowed to participate in any remaining classes. Once a session starts, the student is in class for the *entire* session. **There are no refunds or credits for dropping a class.** It is your responsibility to know the session dates and when payments are due. **A \$30.00 fee will be charged on any “bounced” checks.**

3. MAKE UPS. 1 make up will be allowed per session. ***You MUST call the office to notify us of an absence prior to the absence. NO SHOW, NO CALL, NO MAKE UP.*** A makeup for ALL classes, 1 hour in length or longer, will be done at OPEN GYMS. If the makeup class is MISSED, another one will not be rescheduled. Make-ups cannot be carried over from session to session. If an absence occurs during the last week of a session, and an accommodation can not be made before the session ends, the student MUST be enrolled with a payment or credit being made on the NEXT session in order for the make up to take place during that FOLLOWING period. **Please make every attempt to have your children attend/be in the classes that they are scheduled for.**

4. MEDICAL. Extended absences require a Doctor’s note, with make-ups handled on an *as needed* basis. An account *may* be put on hold due to a medical issue. Accounts will be put on hold from the date WE RECEIVE the medical notice, with reasons for the absences being validated by written acknowledgement from a licensed medical practitioner.

5. SESSION-TO-SESSION ENROLLMENT. Towards the end of each session, there will be “PLEASE HELP US TO HELP YOU” forms on our office front counter. This needs to be filled out by you, the parent or guardian with a \$50.00 deposit. It is in essence, a reservation for re-enrolling the student in the same class that he or she has participated in. **Deposits are non-refundable.** We cannot, nor will not ASSUME that a child is taking the next session. If a student has not attended the first 2 weeks of a session, and there has been no call into our office regarding the absence, the child will be DROPPED from that class. In addition, during a session, if a student misses consecutive classes, with no call into the office, AND, there is an outstanding balance, the child will be DROPPED from the class.

6. BIRTHDAY PARTIES. Members receive **\$25.00 discount** off total cost.

7. TRIALS. All Classes 1 hour or less are \$10 with REC+, TUMBLING, and all “ADVANCED” type classes costing \$15. (2 Trial maximum of *different* type classes, IE-Recreation and Tumbling)

8. PROPER BEHAVIOR. Children are expected to behave as they would in any school environment. If there is a child not acting in what the coach believes is appropriate for the class, there will be a “sitting out” period. If the inappropriate behavior becomes a safety issue, or continues to be a major distraction to the rest of the class, the child may be asked to leave the class. **Parents need to be cognizant of their behavior also, as “coaching” or constantly distracting a child in class will not be tolerated.**

9. WAITING ROOM. Please do not allow children to run, climb, or “horse play” in this area or on the bleachers. **Smaller children are NOT to be left unattended, as they should be monitored ALWAYS.** Please pick up after yourselves and/or your children! Please make sure all of the children have what they came into our building with. Extreme Gymnastics will not be responsible for “lost” items. Please do not allow children to lean or eat over the railing separating the viewing areas from the gym. This applies for “grown ups” as well! **PLEASE BE RESPECTFUL OF OUR FACILITY!**

10. REFERRALS. In order to receive a “thank you” tuition referral discount, one must have an active account in the current session. While the NEW customer registering, must sign-up for a full session and must list your name on their paperwork as their referral. Credit will be applied in the following session.

11. CREDITS. If an account has a credit, credits will be held for a maximum of 2 sessions.

12. INJURIES. When a child sustains an injury, whether it be in the gym or out, if it was serious enough to warrant a Doctor’s visit, Extreme Gymnastics will require a note from the Doctor, in order for the student to resume or continue participation in class activities.

13. WORKING OUT AT HOME. While Extreme Gymnastics encourages a healthy lifestyle attitude, we *discourage* doing gymnastics in an environment that is not monitored with proper supervision, is not safe, or does not have an adequate amount of padding and mats. We do suggest stretching and general exercise several days a week. **Extreme Gymnastics takes NO RESPONSIBILITY for ANY injuries occurring before, afterwards, or during the course of these activities.**

14. OPEN WORKOUTS. Member account balances **MUST** be satisfied in order to participate in the open work out. Non-members **MUST** have a signed liability waiver.

15. PICTURE TAKING. For safety reasons, there is to be **NO flash photography** in the gym.

16. GUM AND SMOKING. Gum chewing is prohibited inside our building. Smoking is prohibited inside the building as well as, in front of the entrance door, garage door area, and front screen door.

17. STUDENT PICK UPS AND DROP OFFS. Non-staff vehicles are **STRICTLY PROHIBITED** from entering the left hand side of the gym where students walk. *It is strongly urged that parents NOT allow children to be outside ALONE, in front of the building WAITING to get picked up. We suggest that children wait inside until someone arrives for them.* Please remind children to WALK to and from the building when outside and in the parking lot.

18. CLOSURES. In the event of bad weather or any other situation where the gym needs to close, an announcement will be made on both our phone lines (**1-609-978-9909**), and on our website www.extremegymnasticsnj.com.

**EXTREME GYMNASTICS 242 S. MAIN ST. (RT.9) CEDAR RUN, NJ 08092
1-609-978-9909 FAX-1-609-978-9950**