

2017-2018 Instructional Program Registration Form



southshoregymnasticsacademy.com

Student Information

Child #1 \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M / F
Allergies/Medical \_\_\_\_\_ Years of Experience 0 1 2 3 4+ Class \_\_\_\_\_ Day/Time \_\_\_\_\_
Child #2 \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M / F
Allergies/Medical \_\_\_\_\_ Years of Experience 0 1 2 3 4+ Class \_\_\_\_\_ Day/Time \_\_\_\_\_

Parent Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I authorize SSGA to keep my credit card on file for the recurring payment program. I authorize SSGA to automatically charge my card during each payment week. I will receive the discount for participating in the recurring payment program. I agree that no additional prior notification will be provided before the card is charged unless the date or amount changes prior to the payment being collected. I agree to notify SSGA in writing 2 weeks prior to payment week if I do not want my credit card charged.

Signature \_\_\_\_\_

OFFICE USE only:
Class Tuition Fee \_\_\_\_\_
Discounts Applied \_\_\_\_\_
TOTAL DUE \_\_\_\_\_
(Cash, CC, Check# \_\_\_\_\_)

USE OF IMAGES/NAME IDENTIFICATION I authorize South Shore Gymnastics Academy (SSGA) to take and use images and videos in print and/or on the internet of me and/or my child and/or ward, both with and without name identification, for SSGA's publicity, promotional and advertising purposes. I release any and all claims and/or rights I and/or my child and/or my ward might have as a result of posting said videos and/or photos.

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

MISCONDUCT PREVENTION POLICY AND PROCEDURE - PARENT ACKNOWLEDGEMENT

Coaching sports, particularly gymnastics and sorts involving gymnastic-like maneuvers, creates opportunities for physical contact between a coach and athlete. Physical contact is acceptable when it is reasonably intended to coach, teach or demonstrate a skill or to prevent or lessen injury (e.g. spotting, catching). Our coaches exercise extreme care to ensure that such contact is not invasive of sensitive areas of the body. Infrequent, non-intentional physical contact particularly that which arises out of error on the part of the athlete or coach, does not constitute physical misconduct. I confirm that I have received a copy and/or able to request a copy of SSGA's Misconduct Prevention Policy and Procedure at any time. I do consent to have the coaching staff engage with my child, in any manner that is reasonably intended to coach, teach, or demonstrate a skill or to prevent or lessen injury. Should I have any concerns of misbehavior and/or misconduct, I agree to report the incident to the gym's management as soon as possible.

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

RELEASE AND LIABILITY WAIVER-PLEASE READ CAREFULLY AND SIGN

MEDICAL AUTHORIZATION - I authorize South Shore Gymnastics Academy (SSGA) to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.
RELEASE OF LIABILITY/INDEMNITY FOR PERSONAL INJURY -I release SSGA, it's owners, instructors, employees, agents and servants, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of SSGA and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by SSGA, whether at its facilities or elsewhere. On behalf of myself and my child and/or ward, I agree to indemnify and hold harmless the said SSGA and its owners, operators, instructors, employees, agents and servants from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

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

ACKNOWLEDGEMENT OF ACTIVITY RISKS

I acknowledge my understanding and acceptance of the following:
1. that the activities offered by SSGA include active sports which can result in injury to participants and/or spectators;
2. that SSGA provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class, working out or performing;
3. that in the event I choose to leave my child and/or ward before, during or after a class, workout or a performance, I hereby give SSGA my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her;
4. that in my absence SSGA does NOT assume any responsibility for the care, custody, control, condition, health or well-being of my child and/or ward.
5. ACKNOWLEDGEMENT OF RULES AND POLICIES - acknowledge that SSGA has rules and policies in place regarding safety, use of facilities, conduct and the like. I have reviewed all currently in place (copies always available at SSGA facilities). I understand that failure to follow the rules SSGA's discretion) may result in revocation of all privileges provided by SSGA without refund of any prepaid fees.
By signing below, I certify that I have read and agree with the above AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_