

GYMNAST INFORMATION FORM

Gymnast Name _____ Date of Birth _____ Sex _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone# _____ Email Address _____

Father and Mother (or guardian) _____

It is the policy of North Shore Gymnastics to take all precautions to prevent any injuries. However, please fill out the information listed below so we may act quickly in the event of an incident.

PERSON TO CALL IF PARENT CANNOT BE REACHED

Name _____ Phone # _____

Any intolerance to drugs, medication or food that we should be aware of _____

Any previous or current illness, condition or injury that we should be aware of _____

If so, are there any restrictions _____

Change of Address:

Home Address _____ City _____ Zip _____

Home # _____ Cell # _____ Email Address _____

GYMNAST MEMBERSHIP AGREEMENT

1. APPRECIATION OF RISK - I am fully aware of and appreciate that gymnastics activity involves motion, rotation and/or height and, therefore, creates the possibility of serious accidental injury. I agree to indemnify and hold harmless North Shore Gymnastics, Inc., its owners, officers, agents or employees for any and all claims arising as a result of engaging in or participating in all activities of North Shore Gymnastics, Inc. incidental thereto, whenever, wherever or however the same may occur. This includes but is not limited to all instructional gymnastics classes including those with parent participation, preschool classes, birthday party activities, open gym and charitable fund raisers.
2. MEDICAL ATTENTION - I hereby release the North Shore Gymnastics Staff to render temporary first aid treatment to my child, _____, in the event of an injury during the course of participation in the program.
3. TUITION POLICY - Because we have limited class sizes and a weekly progressional lesson plan in our developmental gymnastics program, we are unable to replace your child should he/she decide to drop out. Both the parent and the child should understand this policy because there are no refunds after the 4th week and, therefore, it is the responsibility of the parent to pay for the entire session. Tuition due dates are put in the Gymformation sheet which is available in the pro shop. A \$5 early payment discount is given if paid before these dates. However, a \$5 late fee will be applied if any account must be billed.
4. PARENTAL MEDICAL RELEASE - the parent is responsible for knowing that their child is physically able to participate in gymnastics. We highly recommend that their physician clear the child for participation.
5. PHOTOGRAPHY - As a matter of course in our business, photos which include our gymnasts are occasionally placed on the website.

As parent or legal guardian of, I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics activities.

Parent or Guardian Signature _____ Date _____

Where did you hear about us? Word of mouth Newspaper Yellow pages Internet Prior student Kid's Directory