



GYMNNY KIDS REGISTRATION PAPERWORK

Class Day _____	Class Time _____
Start Date ____ / ____ / ____	Teacher _____
Balance Due _____	OFFICE USE ONLY

1. PLEASE FILL OUT COMPLETELY
2. PLEASE PRINT
3. It is recommended that you add all children so they may participate in Open Gym and other special events.

1. Child's Name _____ 2. Child's Name _____

Age _____ Birthdate ____ / ____ / ____

Age _____ Birthdate ____ / ____ / ____

3. Child's Name _____ 4. Child's Name _____

Age _____ Birthdate ____ / ____ / ____

Age _____ Birthdate ____ / ____ / ____

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Address _____ Address _____

Apt. # _____ Apt. # _____

City, State _____ City, State _____

Zip _____ Zip _____

Email _____ Email _____

Work Phone _____ Work Phone _____

Where should we send the bill? _____ By mail _____ or E-mail _____

How did you hear about us? _____ Referred by _____

EMERGENCY INFORMATION

(Must be filled out completely)

Doctor _____ Phone _____

Address _____ Hospital Preference _____

Emergency Contact _____ Phone _____
(other than parents)

GYMNASTS MEDICAL HISTORY

(Please specify which child)

Allergies _____

Medications Taken Regularly _____

Chronic Medical Problems _____

Any Past Broken Bones _____

Any Past Surgeries _____

Anything we should be aware of to better teach your child(ren)?

WARNINGS AND RELEASES

Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. Gymnastics is accomplishing certain bodily motions and rotations while in the air or using specific gymnastics apparatus. Landing can involve risks from minor injuries to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety.

I, _____, parent/guardian, have read and fully understand the above warning paragraph. I hereby give my permission for _____ to participate in the gymnastics program at GYMINNY KIDS, INC. and I assume the responsibility for the possibility of any resultant serious or catastrophic injuries.

I, _____, Adult/Gymnast, have read and understand fully the warning paragraph and I assume the possibility of a serious or catastrophic injury by my participation in the GYMINNY KIDS, INC. training program.

DATE

SIGNATURE OF GYMNAST

In consideration for allowing my child _____ to use the GYMINNY KIDS, INC. facilities, I hereby forever release GYMINNY KIDS, INC. and its staff and directors, and/or any parent from any responsibility in case of accident, illness, or injury during his/her enrollment in GYMINNY KIDS, INC.

I authorize any treatment by any accredited hospital and/or physician deemed necessary in case of an emergency when parents cannot be reached.

My child is covered by the following insurance: _____ policy# _____
And I understand that I am responsible for any medical expenses that may be incurred through my child's participation in gymnastics activities.

I give permission for my child's photograph to be taken and used at the discretion of GYMINNY KIDS, INC. for publicity or professional purposes.

I have read all the above WARNINGS AND RELEASES and agree to allow my child to participate at GYMINNY KIDS, INC.

SIGNATURE OF PARENT/GUARDIAN

DATE

AUTHORIZATION FOR TREATMENT OF MINORS

TO PARENTS OR LEGAL GUARDIANS:

This form signed by you authorizes emergency medical treatment for a minor child in the case of necessity. Should it be necessary for you to be away from your home, it can authorize the person charged with the care of your child to act for you.

- I/We the undersigned, parent(s) or legal guardians of: 1. _____,
2. _____,
3. _____,
4. _____,

a minor, do hereby authorize GYMINNY KIDS, INC. as agent(s) for thee undersigned to consent, in advance of any specific diagnosis, to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s), until December 31, 2012.

Are the child(ren) up to date on their tetanus shot. YES _____ NO _____ Date of last tetanus shot if known ____/____/____

If under the age of starting elementary school,
Are shots up to date YES _____ NO _____

Signature of Parent/Guardian

Date

Signature of Staff

Date

GYMINNY KIDS RULES & REGULATIONS

(Revised 11/2004)

PLEASE READ & INITIAL

____ 1. THERE ARE NO REFUNDS OR CREDITS FOR CLASSES. WE SUGGEST YOU TAKE THE MINIMUM NUMBER OF CLASSES WHEN FIRST SIGNING UP. PLEASE LET US KNOW IF YOUR CHILD WILL NO LONGER BE ATTENDING CLASSES. Payments must be made on or before the sixth week of classes to hold your child's space in class. Payments made after the 6th week will incur a \$10 late fee if the space is still available.

____ 2. Make Ups must be completed 3 months from the day you missed or they are forfeited. You receive 2 FREE make ups per 12 week period per child. Make ups are done at Free Zone or Open Gym. (Not in other classes) You must call by 8:00A.M. the morning of your class to be eligible for a make up. You can leave a message on the machine if we are not in.

____ 3. Parents, siblings and visitors are not allowed on the gym floor or by the yellow wall. Except when parents are assisting in Lil Hopper classes. The observation area and playroom are available for your convenience upstairs. There **MUST BE A PARENT IN THE PLAYROOM AT ALL TIMES WHILE THEIR CHILD IS IN THERE.** No one is allowed to sit or stand in the stairway or block entry-way due to fire and safety codes.

____ 4. Gymnasts must be prompt for their classes! Warm-ups are extremely important and it can be upsetting to the late child as disruptive to the class when children enter late. Anyone who arrives 15 min. after classes start will not be allowed to join class, and will have to do a make up for that class.

____ 5. Gymnasts are not allowed on the equipment before or after class.

____ 6. Observers are NOT to talk with a gymnast while in class. Our staff will be more than happy to discuss any comments or concerns you might have before or after class.

____ 7. Gymnasts **MUST** be in proper clothing. Leotards, T-Shirts, shorts, anything without buttons or zippers. **NO JEANS!!** Bare-foot or Tic Tac Toe tights or socks. **DO NOT** wear rings, bracelets, watches, necklaces or long earrings. Leave them at home.

____ 8. Long hair (shoulder length or longer) **MUST** be pulled back and tied securely before class.

____ 9. PLEASE, no eating food or chewing gum during class.

____ 10. Once the students enter the facility, they should place their belongings in the cubby holes and wait for their class to begin in the designated waiting area. Parents are responsible for their child(ren) until the start of class.

____ 11. Students are **NOT ALLOWED** to leave the facility until being picked up by a parent or guardian. There will be a "Babysitting" charge equivalent to overtime salary for two members (we require two for safety reasons) for any child not picked up within 10 minutes of closing time. Please **DO NOT DROP** students off prior to 15 minutes before class unless arranged previously with the manager.

____ 12. Any gymnast who misbehaves during class or make up will be asked to sit down in time out. If the situation continues, parents will be notified to assist in determining whether or not the child should continue classes. We teach from a positive approach, but cannot tolerate potentially dangerous behavioral situations. Our definition of a time out: Disruptive students will be asked to sit down and re-group before rejoining class. We will handle it in a positive manner so that safety and learning can continue.

I have read, initialed and received a copy of the rules. I realize my signature indicates understanding of gym policies and is given as part of the consideration for services charged by North County Gymnastics and The Gymninny Kids.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

For questions or directions please call:

North County Gymnastics & the Gymninny Kids of Oceanside
(760) 941-0202

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Oceanside, CA 92056

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