

RIO GYMNASTICS CENTER LLC REGISTRATION FORM

Student Information

First Name: _____ Last Name _____
Age _____ DOB _____ Male _____ Female _____
Home Phone Number _____
Address _____
City _____ Zip _____
School _____ Grade _____
My child may be photographed for promotional materials for RGC Yes _____ No _____
Previous Gymnastics Schools _____

Parent/Guardian Information

Mother _____ Father _____
Employer _____ Employer _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____
Child lives with Mother _____ Father _____ Both _____ Other _____
Person responsible for payment _____
Family email _____
Emergency Contact in case of emergency (someone else besides mom and dad)
Name _____ Phone _____

Special Information

Family Doctor _____ Phone _____
List any special health related problems, mental or physical that your child has that our staff should know about:

Allergies to drug or food _____
Medications taken daily _____
Past Injuries (list dates) _____
How did you hear about us _____?

Payment and Withdrawal

Tuition is due by the 25th of the month for the following month. A \$10.00 late fee is charged after the 25th of the month. A yearly non-refundable registration fee, \$40.00 for family, is due at the time of enrollment. All payments must be received prior to a child registering for a program. To withdrawal from our program you must notify us in writing prior to the time payment is due. We do not offer make-ups or pro-rate for the days we are closed. We offer a risk free program and refunds can be requested NO Later than the 3rd week of your class.

Don't forget to Sign and Date
the Back!

SAFETY INFORMATION

<h2>General Warning</h2>

By its very nature, gymnastics carries a risk of physical injury. Although we pride ourselves in the safety of our facilities and in our instruction and class control methods, we simply can not eliminate the inherent risks involved with gymnastics. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Your child's safety and development is our primary concern. We take reasonable and prudent steps to reduce the risk of physical injury, but that risk can never be completely eliminated from gymnastics or from any activity involving height, speed, or motion. The undersigned hereby grants us permission to administer first aid or summon medical help if necessary.

Parent Initials _____

<h2>Waiver / Release of Liability</h2>
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Rio Gymnastics Center LLC (RGC) wants each of its patrons to be aware that we follow the progression and safety guidelines set forth by USA Gymnastics, the national governing body for gymnastics clubs. In keeping with the ideals set forth by USA Gymnastics' philosophies, we realize that it is our responsibility to make you aware of the risks involved. Because of the risks of the sport, we feel obligated to inform you of the importance of following the instructors' directions regarding techniques, training, and all other rules. By signing this registration form, you (the parent and the gymnast) assume all the risks associated with the sport of gymnastics and you agree to hold RGC, its employees and or agents harmless from any and all liability, causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with your participation in any activities related to or hosted by RGC. As the parent or legal guardian of the student whose name appears on the registration form, your signature on the form indicates that you have read, understand, and accept the warnings.

I have read the RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Please Print Student's Name _____

Signature of Parent _____

Date _____

***If participating in a Parent-tot class, please sign your name below as well**

Please Print below Parent(s) Participating in Parent-tot class

Signature of Parent(s) _____

Date _____