ELEVATE GYMNASTICS AND CHEER REGISTRATION FORM 2019-2020

| Date// | | | |
|--|--|---|---|
| Student's Name: | _ Date of Birth/ | _/ Age | Sex M / F |
| Parent/Guardian's Name | Cell # _ | | Cell Provider |
| Parent/Guardian's Name | Cell # _ | | Cell Provider |
| Address: City: | Zip ⁽ | Code: | _ |
| Email Address | | Can we send | you invoices via email? Y/N |
| Physical disabilities, allergies, previous injuries, etc | | | |
| Physician's Name | _ Telephone Number | | |
| Emergency Contact (other than parent or guardian) | | | |
| Name Pho | one | | |
| At Elevate we strive to create a fun, safe learning environment for your child and we need your cooperation in achieving this. The following rules must be followed: 1. Parents or children not participating in a class are not permitted out in the gym or on any equipment unless invited by an instructor. 2. If it is not a child's class time they are not permitted to play on any equipment including upstairs exercise equipment or slide. 3. All participating athletes must wear their hair back off their face and proper work out attire, no jeans and no jewelry! 4. All food must remain in the lobby or upstairs. Parents and children are required to clean up after themselves. Thanks for supporting us in this! We love to have you come watch your kids. I agree with the rules and conduct of Elevate | | | |
| SCHEDULING AND BILLING When you register at Elevate you are signing up for the entire for an auto payment program or pay a nonrefundable deposit no later than the 10 th of each month or your child will be remote Elevate we will always keep a low student/teacher ratio, because in the student of the stude | of one months worth of tuition, oved from the class. When schouse of this we have limited spatement must be sent in to elevate | If choosing not to entrol is not in session a aces in each class. | nroll in auto-pay, tuition must be collected at Cassia schools neither is Elevate. At 5 days notice must be given in order to un- |
| WAIVER AND RELEASE I fully understand that Elevate Gymnastics and Cheer staff melease the Elevate Gymnastics and Cheer staff to render first should the Elevate Gymnastics and Cheer staff deem this to | st aid to my child in the event of | | |
| We the staff of Elevate Gymnastics and Cheer recognize our obligation to make our students and their parents aware of the risk and hazards associated with the sport of gymnastics. Elevate Gymnastics and Cheer will warn through "Safety Messages" and our teaching style and progressions. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury! | | | |
| The Elevate Gymnastics and Cheer, its coaches and other staff members, will not accept responsibility for injuries sustained by and student during the course of gymnastics, tumbling, cheer, open workout, gymnastics camp, birthday party, or in the course of any exhibition, competition or clinic in which he of she may participate. | | | |
| I affirm that I have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Elevate Gymnastics and Cheer. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Elevate Gymnastics and Cheer and/or its representatives. | | | |
| I have read and understand and agreed to abide by Elevate Gymnastics and Cheer's Rules and Policies. | | | |
| Parent or Guardian Signature | | Date _ | |