

REGISTRATION FORM

STUDENT INFORMATION

Last Name _____ First Name _____ M / F
Address _____
City, State, Zip _____
Home Phone _____ Age _____ Birthdate _____

MEDICAL INFORMATION

Must be filled out completely

Physician _____ Phone _____
Address _____ Hospital Preference _____
Medical Insurance _____ **Policy #** _____
Allergies/Medications _____
Broken Bones/Medical Problems _____
Child up to date on immunizations? () YES () NO Date of last tetanus shot (if known) _____
Additional information we should be aware of to teach your child _____

BILLING INFORMATION

Mr./Mrs. First Name _____ Last Name _____
Address _____
City, State, Zip _____
Mom's Name _____ Home Phone _____
Cell # _____ Work # _____ Email _____
Dad's Name _____ Home Phone _____
Cell # _____ Work # _____ Email _____

EMERGENCY INFORMATION (someone to contact if parents can't be reached)

Mr./Mrs. First Name _____ Last Name _____
Address _____
City, State, Zip _____
Home # _____ Cell # _____
Relationship to Student _____

REFERRAL SOURCE

Yellow Pages _____ Drive By _____ Sibling _____ Birthday Party _____
Newspaper _____ Student Referral _____ Internet Search _____ School Flyer _____ Scout Troop # _____

OFFICE USE ONLY			
Start or Restart Date _____	Amount Due: _____	Registration _____	Staff Initials
Level _____	_____	Current Session _____	
Class Day: M T W TH F Sat Sun	_____	Other _____	
Class Time _____	\$ _____	Total _____	

WARNINGS AND RELEASES

As a condition for participating in activities offered by Athletic Achievement, Inc. dba Gymninny Kids Oceanside, the undersigned hereby acknowledges and agrees to the following:

1. There are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. 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 to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety.
2. Participant/participant's parent(s) represent that they understand the nature of this Activity and that participant is qualified, in good health, and proper physical condition to participate in such Activity. Participant has no medical or physical conditions which would prevent Participant from fully participating in all normal and customary activity of the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Gymninny Kids Oceanside in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue myself/my child's participation in the activity. Participant/participant's parent understands that they engage in all activity with full knowledge of the possible risk.
3. Participant, participant's parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of Participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort of for civil liability against Athletic Achievement Inc., dba Gymninny Kids Oceanside arising from the foreseeable and/or customary risks of the sport or intended activity.

I, _____, parent/legal guardian, have read and fully understand the above warnings and I hereby give my permission for _____, a minor, to participate in the gymnastics, cheerleading, tumbling, physical fitness and other related activities at Athletic Achievement, Inc. dba Gymninny Kids Oceanside facilities; I hereby forever release Athletic Achievement, Inc. dba Gymninny Kids Oceanside and its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the Activity takes place and from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I assume the responsibility for the possibility of any resultant serious or catastrophic injuries. I have read all the above WARNINGS AND RELEASES and agree to my child's participation at Athletic Achievement, Inc. dba Gymninny Kids Oceanside.

Date

Signature of: Parent / Legal Guardian / Gymnast

PHOTO RELEASE

I, _____, parent/legal guardian give permission for my child's photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Gymninny Kids Oceanside, for publicity or profession purposes.

Date

Signature of: Parent / Legal Guardian / Gymnast

AUTHORIZATION FOR MEDICAL TREATMENT

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, _____, parent/legal guardian of _____, a minor, do hereby authorize Athletic Achievement, Inc. dba Gymninny Kids Oceanside as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary in case of an emergency when parents cannot be reached. This includes, but is not limited 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.

I understand that I am responsible for any medical expenses that may be incurred through my child's / my participation in gymnastics activities. I have read all the above WARNINGS AND RELEASES and agree to allow my child to participate at Athletic Achievement, Inc. dba Gymninny Kids Oceanside.

Date

Signature of: Parent / Legal Guardian / Gymnast

Date

Signature of: Staff

RULES AND REGULATIONS

PLEASE READ AND 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 the preceding session to hold your child's space in class. Payments made after the 6th week will incur a \$10.00 late fee if the space is still available.

_____ 2. **Make Up Policy:** Maintaining regular class attendance will provide optimal training for your child as well as continuity within the group; however, we understand that there are times when your child will be absent. For this reason, we provide 2 FREE make-ups per 12 week period. Make-ups are done at Free Zone, Open Gym or during a make-up class and must be scheduled with the front office a minimum of 24 hours in advance. You must call by 8:00 a.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 available.

_____ 3. Parents, siblings and visitors are not allowed on the gym floor except when parents are assisting in Lil' Hopper Classes. The observation area and playroom are available upstairs on the mezzanine for your convenience. **THERE MUST BE A PARENT IN THE PLAYROOM AT ALL TIMES WHILE THEIR CHILD IS PRESENT IN THE PLAYROOM.** No one is allowed to sit or stand in the stairway or block entryway due to fire and safety codes.

_____ 4. Gymnasts must be prompt and ready for their classes! This includes wearing appropriate work out clothes, long hair tied back, and no jewelry. Warm-ups are extremely important and it can be upsetting to the late child and disruptive to the class when children enter late. Anyone who arrives 15 minutes after classes begin may not be allowed to join the class.

_____ 5. Gymnasts' safety is a priority. For this reason, gymnasts are not allowed on the equipment before or after class. No running in the gym except when directed by staff. Always follow directions. Tell a staff member any time you injure any part of your body.

_____ 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, barefoot or gymnastics shoes only. **NO JEANS!** Do NOT wear rings, bracelets, watches, necklaces or long earrings; leave them at home. Athletic Achievement, Inc. dba Gymninny Kids Oceanside is not responsible for lost or stolen items.

_____ 8. Long hair (shoulder length or longer) must be pulled back and tied securely before class.

_____ 9. No eating food or chewing gum during class. Water bottles should be labeled with gymnast's full name and left at the cubicles or near the drinking fountain. All bottles left behind will be discarded at the end of each day. Athletic Achievement, Inc. dba Gymninny Kids Oceanside is not responsible for lost or stolen items.

_____ 10. Once the students enter the facility, they should place their belongings in the cubby holes and wait in the designated waiting area for their class to begin. Parents are responsible for their child(ren) until the start of class. No gymnastics in the lobby, waiting area or mezzanine while waiting for class to start.

_____ 11. Students are NOT ALLOWED to leave the facility until being picked up by a parent or legal guardian. Additional Person(s) authorized to pick up my child(ren): _____

_____ 12. There will be a "Babysitting" charge equivalent to overtime salary for two staff members (required 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.

_____ 13. 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, understood, 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 Athletic Achievement, Inc. dba Gymninny Kids Oceanside.

Date

Signature of: Parent / Legal Guardian / Gymnast

For Questions or Directions please contact:

Athletic Achievement, Inc.
dba Gymninny Kids Oceanside

1935 Avenida del Oro, Suite A
Oceanside, CA 92056
Phone: (760) 941-0202
Fax: (760) 941-0909