| Parent/Guardian's Name:  |   | Phone:   |   |
|--|---|--|---|
| Alternate Contact:   |   | Phone:   |   |
|  |   |  |   |
| Address:   | City:   | State:   | Zip:  |
| E-mail:  | Additional  | Information?   | 002   |
| Participant #1 Name:   | DOB:  | Class:   |   |
| Jun  | ma  | ist  | ics   |
| Participant #2 Name:   | DOB:  | Class:   |   |
|  |   |  |   |
| Gym Policies:  |   |  |   |
| <ul> <li>All returned payments will be charged an addition.</li> <li>NO PAY, NO PLAY: Any returned ACH charged Failure to do so will result in your child being removed.</li> <li>Annual Membership Fee: Recreation - \$40 per graph.</li> <li>Military discount: 10%</li> <li>Sibling discount: 10% off second child and 25% of Multiple class discounts: 30% off of second class.</li> <li>Make-up Policy: Open Gym make-ups are only a weather.</li> <li>Holiday make-up: Open gym make-ups will be gareak week, 4th of July week, Thanksgiving week.</li> <li>Withdrawals: A 30-day written notice of your accepted. Initials:         <ul> <li>Gymnast's attire: Leotard. Shorts are allowed over their must be pulled back and away from the face.</li> <li>Code of Conduct: Our code of conduct is aimed to respect between all parents, gymnasts, and staff in Good sportsmanship should be exemplified by all kind towards each other.</li> </ul> </li> </ul>   | es and/or checks must be paid alo moved from our program ymnast or \$60 per family. Team off 3rd or more. If and 50% off of third, vailable for illness or family emergiven for New Year's Eve and Dack, or Christmas week. Initials: withdrawal must be turned interest the leotard for recreational gynfor safety precautions.  To promote the safety, security, an embers. Please treat our facility | - \$60 per gymnast or \$90 per ergency. We do not give male by, Memorial Day, and Laborathe front desk. We do not anasts only.   | kes ups for canceled classes due to inclement r Day. There are <b>NO</b> make-ups for Spring t prorate withdrawals. Emails are not a. At C&C Gymnastics, we expect a mutual be courteous while spending time in our gym.  |
| Please initial the below stated releases:  Waiver and Release: I fully understand that C&C Gymnastics staff members are n staff to render first aid to my child or children in the event of seek medical help, to call an ambulance, and/or provide transwhether paid or volunteer. Initials:  | f any injury or illness. If deemed  | necessary, I authorize C&C   | Gymnastics staff to call our hospital and to  |
| Hospital preferred your child be taken to in the event of  | an emergency:   |  |   |
| We, the staff of C&C Gymnastics recognize our obligation to gymnastics, trampoline, tumbling, acrobatics, cheerleading, atrampoline, tumbling, cheerleading, and dance can be danger   | and dance. Students may suffer ir   | njuries, possibly minor, serio   |   |
| Parents should make their children aware of the possibility of Gymnastics coaches and other staff members will not accept cheerleading, dance instruction or open workouts, or in the count with the above in mind, and being fully aware of the event. With the above in mind, and being fully aware of the programs offered by C&C Gymnastics. I, my executors, or of against C&C Gymnastics and/or its representatives, whether and accident insurance coverage which I consider adequate for the toward the child about the dangers of gymnastics and injury will only warn the child through "Safety Messages" and our  | responsibility for injuries sustain<br>case of any exhibition, competition<br>the risks and possibility on injury<br>other representatives, waive and re-<br>paid or volunteer. I also affirm the<br>for both my child's protection and<br>the transfer of the parent should warn the child   | ned by any student during them, or clinic in which he or she involved, I consent to have elease all rights and claims for the I now have and will contain my own protection. I also und according to what the pare | e course of gymnastics, trampoline, tumbling, ne may participate while traveling to or from my child or children participate in the for damages that I or my child may have inue to provide proper hospitalization, health, understand that it is the parents' responsibility |
| Photo/Media Release: I hereby consent to the use of my child's images by photogra and publications as well as distributed to members. I further Gymnastics in the future. I understand that no personal inforthat my consent can be withdrawn at any time in writing to the state of t | acknowledge that my image may<br>rmation, such as names, will be u  | y be used by the C&C Gymrused in any publications unle   | nastics committee and media to promote C&C  |

\_\_\_\_\_Date: \_\_\_\_\_

Parent/Guardian's Signature: \_