

After School Program Student Information REGISTRATION



Corinth Gymnastics, Inc.

1402 N. Corinth, Suite 106
Corinth, Texas 76208
940-498-4FUN (4386)

Student's Information:

Last Name _____ First Name _____

Address: _____ Phone: _____

_____ Zip _____ Date of Birth: _____

Parent/Guardian:

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

e-mail Address: _____ e-mail Address: _____

Person responsible for payment: _____ Relationship: _____

Drivers License #: _____ State: _____ and / or Social Security Number _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

Comments: _____

Child's previous gymnastics experience: (describe briefly) _____

How did you hear about us?

Driving by []
Newspaper []
Yellow Pages []
Internet []

Other _____

Referred by _____

Person to call in an emergency if parent / guardian cannot be contacted:

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Doctor's Name _____ Phone _____

Insurance Carrier _____ Policy # _____

Important medical information _____

School: _____

Grade: _____

OFFICE USE ONLY:

Reg. Pd [] Policies [] Waiver []

Processed By _____

After School Program
Student Information
REGISTRATION



Corinth Gymnastics, Inc.

1402 N. Corinth, Suite 106
Corinth, Texas 76208
940-498-4FUN (4386)

INDIVIDUALS AUTHORIZED FOR CHILD PICK UP:

Primary:

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

Secondary:

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

EMERGENCY “CODE WORD”

**If a staff member receives a call requesting a change to the authorized pick up list above,
the caller will be required to give the Code Word as the means of identity verification.**

After School Program
Rules, Policies and Waiver
REGISTRATION



Corinth Gymnastics, Inc.

1402 N. Corinth, Suite 106
Corinth, Texas 76208
940-498-4FUN (4386)

Please read all the information included in this Registration form.

By signing below you acknowledge that you have received, read, and agree to abide by the policies and procedures set forth in the After School Program Registration Form. Please return this signed form to the front office.

AFTER SCHOOL PROGRAM POLICIES & PROCEDURES

- Parent/Guardian will notify the school that their child is to be picked up from school by a staff member of Corinth Gymnastics, Inc.
- Corinth Gymnastics, Inc. will contact each school to introduce driver(s) and to verify pick up times and locations.
- The pick up schedule times are critical and students must be at pick up area on time.
- If your child is not to be picked up on any particular day and you have provided prior notification, you must call Corinth Gymnastics, Inc. before **2:00 pm** on the day in which your child is not to be picked up otherwise a \$10.00 no call fee will be applied to your account.
- Licensing laws require that all children be signed out upon departure. This is done through use of a sign out sheet. Each child's name will be on the sheet. The parent/guardian must sign the child out upon departure. It is mandatory that the children be picked up no later than 6:30pm after which a \$20.00 late fee will be applied to your account. The child's departure must be communicated to staff members.
- Children will be released only to those persons named on the enrollment form as being authorized to pick up a child. Revisions to the Student Information sheet must be updated and signed by the person having enrolled the child.
- In the event of an emergency a parent/guardian may call, identifying themselves with the "code word" recorded during registration, to verbally authorize an individual, other than one indicated on the "INDIVIDUALS AUTHORIZED FOR CHILD PICK UP" sheet, to pick up their child. Staff members will require picture identification of the individual picking up a child. The Student Information form must then be revised as soon as possible to reflect the change in authorization.
- Corinth Gymnastics, Inc. cannot take responsibility in deciding who has legitimate custody of a child. Copies of legal documents must be provided before any staff member can actively prevent non-custodial parents from picking up their child.
- All After School weeks must be paid for on the Friday prior to the week attending.
- In the event that an account has fallen more than two weeks behind you will be notified and your child/children will not be picked up until your account is current.
- All after school accounts must have an active Visa / MasterCard or Debit Card on file. The credit card will ONLY be used if you would like a weekly auto draft or if the account is past due.

After School Program
Rules, Policies and Waiver
REGISTRATION



Corinth Gymnastics, Inc.

1402 N. Corinth, Suite 106
Corinth, Texas 76208
940-498-4FUN (4386)

AFTER SCHOOL ACTIVITIES

- Gymnastics – Activities aimed at improving a child's motor skills, and developing strength and flexibility through low impact activities will be offered two-days per week.
- Study Hall – A study area will be setup for those children that may have homework and wish to work on it before they go home.
- Other Activities – These will include puzzles, board games, cards, and appropriately rated movies & videos.

*** Parents please note that if you prefer that your child not participate in an activity listed above please indicate your preference on the Student Information sheet.

ACTIVITIES WAIVER AND RELEASE

- I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities.
- I hereby give my consent to Corinth Gymnastics, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted.
- I further agree that Corinth Gymnastics, Inc. along with the employees, officers, and directors of this organization shall not be liable for any losses, damages, or injuries occurring as a result of my child's participation in the program, including but not limited to damage claims for personal injury or death, except where such loss or damage is the result of the intentional injury by an employee of Corinth Gymnastics, Inc.
- I also affirm that I now 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. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate.
- As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept the above conditions for permitting my child to participate in the After School Program activities conducted by Corinth Gymnastics, Inc.

By signing below you acknowledge that you have received, read, and agree to abide by the policies and procedures set forth in the After School Program Registration Form.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date