

**SUMMER FUN**  
**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) \_\_\_\_\_

**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 \_\_\_\_\_  
 \_\_\_\_\_

**How did you hear about us?**

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

Other \_\_\_\_\_  
 Referred by \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY:**  
 Reg. Pd [ ] Policies [ ] Waiver [ ]  
 Processed By \_\_\_\_\_

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**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.**

\_\_\_\_\_

**SUMMER FUN**  
Rules, Policies and Waiver  
**REGISTRATION**



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**Please read all the information included in this Registration form.**

**You must sign the form below that indicates you have read all our rules and policies, understand them and agree to them.**

**FIELD TRIP PROCEDURE**

- Parent/Guardian will be notified of all field trips that their child will be going on with Corinth Gymnastics, Inc. and it's staff members.
- Corinth Gymnastics, Inc. will take at least three field trips per week.
- On the day of any field trip your child should be at the gym no later than 9:15 AM. This is important, as we need to be on time to the scheduled activities for that day.

**STUDENT SIGN-OUT PROCEDURE:**

- 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 late fees will apply. 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.

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**SUMMER FUN 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.
- Field trips – Activities away from the gym such as Movies, Swimming, Park, Bowling, Putt Putt, & Zoo.
- 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 SUMMER FUN Program activities conducted by Corinth Gymnastics, Inc.

By signing below you acknowledge that you have received, read, and agree to abide by the SUMMER FUN Rules, Policies and Waiver.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date