Parent/Guardian's Name:		Phone:	1
	00		
Alternate Contact:		Phone:	
Address:	City:	State:	Zip:
E-mail:	Additional I	nformation?	CO2
Participant #1 Name:	DOB:	Class:	
Participant #2 Name:	DOB:	Class:	ics
Safety Pick up Word (Camp Only):			
your year is not completed. Military discount: 10% Sibling discount: 10% off second child and Multiple class discounts: 30% off of second Make-up Policy: We do not offer make up Holiday make-up: Designated make-up day make-ups for Spring Break week, 4th of July Withdrawals: A 30-day written notice of prorate withdrawals. Emails are not acc Gymnast's attire: Leotard. Shorts are allow Hair must be pulled back and away from the Code of Conduct: Our code of conduct is ai respect between all parents, gymnasts, and a Good sportsmanship should be exemplified kind towards each other. Please initial the below stated releases:	dditional \$20 fee. charges and/or checks must be paid alon ng removed from our program. per gymnast or \$75 per family. Team - 25% off 3rd or more. d class and 50% off of third. classes for personal reasons or inclemer ys will be given for New Year's Eve and y week, Thanksgiving week, or Christma your withdrawal must be turned into cepted. Initials: ed over the leotard for recreational gymn e face for safety precautions. imed to promote the safety, security, and staff members. Please treat our facility v	g with the \$20 return feet \$75 per gymnast or \$100 at weather. 1 Day, Memorial Day, ar as week. Initials: the front desk 30 days masts only. I well-being of our gymr with care and remember	e to the front desk by the 15 th of the month. O per family. There is no prorating or refunding it and Labor Day. We are closed and there are NO
Waiver and Release: I fully understand that C&C Gymnastics staff members staff to render first aid to my child or children in the exseek medical help, to call an ambulance, and/or provid whether paid or volunteer. Initials:	vent of any injury or illness. If deemed n	ecessary, I authorize C&	C Gymnastics staff to call our hospital and to
Hospital preferred your child be taken to in the eve	nt of an emergency:		
We, the staff of C&C Gymnastics recognize our obliga gymnastics, trampoline, tumbling, acrobatics, cheerlea- trampoline, tumbling, cheerleading, and dance can be of	ding, and dance. Students may suffer inj	uries, possibly minor, se	
Parents should make their children aware of the possib Gymnastics coaches and other staff members will not a cheerleading, dance instruction or open workouts, or if the event. With the above in mind, and being fully awar programs offered by C&C Gymnastics. I, my executor against C&C Gymnastics and/or its representatives, whand accident insurance coverage which I consider adeq to warn the child about the dangers of gymnastics and will only warn the child through "Safety Messages" and	accept responsibility for injuries sustained the case of any exhibition, competition are of the risks and possibility on injury is, or other representatives, waive and relate the paid or volunteer. I also affirm the quate for both my child's protection and injury. The parent should warn the child	ed by any student during , or clinic in which he or involved, I consent to ha ease all rights and claim at I now have and will co my own protection. I als according to what the p	the course of gymnastics, trampoline, tumbling, is she may participate while traveling to or from we my child or children participate in the is for damages that I or my child may have ontinue to provide proper hospitalization, health, so understand that it is the parents' responsibility

Photo/Media Release:

I hereby consent to the use of my child's images by photography or video recording. I acknowledge these may be used on the C&C Gymnastics website, in newsletters and publications as well as distributed to members. I further acknowledge that my image may be used by the C&C Gymnastics committee and media to promote C&C Gymnastics in the future. I understand that no personal information, such as names, will be used in any publications unless express consent is given. I also understand that my consent can be withdrawn at any time in writing to the office at C&C Gymnastics. Initials:

Parent/Guardian's Signature:	Date:	