

\$40.00 Summer 2024 **Registration Form**

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First Name

Y / N

Birth Date

ATHL

Computer

Last Name Family Information

Address

Parent #1

Parent #2

Insurance Company

front desk.

DRESS / ATTIRE

SAFETY RULES

Signature of Parent

Signature of Legal Guardian

-No jewelry, no gum.

PAYMENT POLICY

Parent #1 Email address

Parent #2 Email address

Allergies. Medications, or any other medical/physical conditions that we should know about:

Cell Phone

Policy Number

-Tuition is paid on a monthly basis and is due the 1st of each month. Attendance at any time of that month constitutes

-Trial Fees are equal to the cost of the class. (Example: A one hour class cost \$20.00 trial fee's will then cost \$20.00)

-Girls should wear a leotard or shorts and a T-shirt (tucked in). Boys should wear shorts and a t-shirt tucked in.

-Absolutely NO unsupervised use of equipment. NO horseplay. NO adults allowed on ANY equipment.

PLEASE HAVE ALL PARENTS OR LEGAL GUARDIANS SIGN BELOW

-Payments / Registrations may be mailed to: Valley Gymnastics Training Center, Inc. - 1307 Champlin Ave, Utica, NY 13502

enrollment for that month. If 2 consecutive classes are missed and tuition has not been paid for the month, the students name will be removed from the roster. The student may rejoin the class, if space is available, by calling the Valley Gymnastics Training Center, Inc.,

Valley Gymnastics Training Center, Inc., Policies/Regulations

-Tuition discounts will be given only for serious illness or injury with a valid doctor's note.

-If shoes are required for your class - no outside shoes are allowed on the gym floor.

-Late payments after the 15th of the month will be assessed a \$20.00 late fee.

-Family discounts: \$10.00 tuition discount for 2nd and 3rd child. (per month)

-We accept American Express / Mastercard / Discover and Visa

 -Children waiting for rides must wait inside the building. -Parents and siblings MUST remain in designated seating areas. City

Work Phone

Work Phone

Cell phone

Child's Doctor

GYM

Class:

Last DPT

Date

Date

Home Phone

Home Phone

Home phone

CHEER

Zip Code

Please list a person willing to take responsibilty for your child in case of emergency when you cannot be reached

Emergency Information

-Insufficient check fees are \$25.00

-Long hair needs to be pulled back.

No food or drinks in the gym.

Parent/Guardian's Signature

Name

MAKE-UP POLICY

-Valley gymnastics offers one make-up class per month for all students. Ages 5 and up make up on the first Friday of each month as part of the Open workouts from 6:00 - 7:00PM The make up class for 2-4 year olds must be made up in another pre-school class. Call the front desk at 315-736-4400 to sign up for all make up classes. Make-ups must be done within 30 days.

PHOTO AUTHORIZATION

I am aware that photographs may be taken of participants during events, activities and classes by VGC staff members, professional photographers, or news media. I understand that I can request to not have my childs picture taken. I hereby give my consent for Valle Gymnastics Training Center Inc., to use photos of my child in future flyers, websites, and social media, etc.. I understand that Valley Gymnastics Training Center may take photos of its programs and events, and their participants from time to time and that these photos remain the property of VGTC, Inc..

Acknowledgement of Risk and Waiver of Liability

Our child has no physical or health conditions that would limit his/her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at Valley Gymnastics Training Center; participate in activities at Valley Gymnastics Training Center: and to work on all the necessary equipment. We understand that Valley Gymnastics Training Center will keep confidential information regarding participants temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies I/we understand that Valley Gymnastics Training Center may inform other participants of any confirmed diagnosis of COVID-19(or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; I we waive all privacy related claims based on such disclosures(s). We assume all risks and hazards incidential to the conduct of this activity and transportation to and from this activity. In case of emergency, the Valley Gymnastics Training Center, staff has our permission to use their judgment with regard to treatment until we a contacted.

WARNING...castastrophic injury, paralysis, or death can result from improper conduct of this activity

I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers and other agents of Valley Gymnastics Training Center ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, wheather such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties.

To the extent allowed by applicable law, I/We agree that I/We will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, I/We agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participants in activities at Valley Gymnastics Training Center.

By signing, I/We expressly state that I/We have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that I/We have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. I/We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

NOTE: Following and injury, a "Return to Activity Form" is required prior to returning to the gymnastics activities. Always notify the coaching staff if your child is taking medications.

Parent/Guardian's Signature		
Signature of Parent	Date	
Signature of legal guardian	Date	