

Revolution Gymnastics Registration and Waiver 2017-18

Student Name _____ BDAY _____ AGE _____

Student Name _____ BDAY _____ AGE _____

Student Name _____ BDAY _____ AGE _____

Address _____ City _____ ZIP _____

Parent or Legal Guardian's Name _____

EMAIL _____ Cell _____ Home _____

Emergency Contact _____ Phone: _____

Any Medical Conditions, medications, allergies _____

Waiver- As a parent or legal guardian of the student named above, I understand and acknowledge the risks associated with the sport of gymnastics, cheerleading, dance, birthday parties, tumbling, acrobatics, pole vaulting, free-running and other related activities including paralysis and other catastrophic injury as well as medical expenses and damages that may result or be associated with the sport of gymnastics and related activities as referenced above. The waiver and release of liability applies to and includes all birthday parties, owners, employees, coaches, volunteer instructors, clinicians, landlords and its successors as assigned. The waiver and release of liability shall not cover those situations where loss, injury or damage to the above participant is the result of the intentional and/ or reckless conduct by any of the parties included in this waiver and release. The undersigned further agrees to indemnify and save and hold Revolution Gymnastics harmless including all other parties identified above from any liability arising out of negligent or intentional conduct of students, parents, family members or parties invited upon premises by the student of any family member which results in loss, injury or damage or any other party.

Minor's Release Authorization- Without compensation to the student or me, I hereby grant Revolution Gymnastics the absolute right and permission to copyright, publish and use photographic portraits, pictures or videos of the minor for use through reasonable promotion of gymnastics and sports conducted by Revolution Gymnastics. I hereby waive any right that I or the minor may have to inspect or approve the finished media material as long as the matter is with reason and is not deemed to be socially inappropriate for the use of the minor student.

Medical Release- I hereby authorize and give my consent to Revolution Gymnastics including and of its instructors, coaches and employees to provide emergency medical care and to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above name student in the event of any emergency with on the premises of Revolution Gymnastics or during the course of any sports event involving the student as a Revolution Gymnastics participant or competitor.

Verification and Release- As legal parent, guardian or responsible party of this student, I hereby verify by my signature below that I accept the conditions of the waiver release and indemnification; and furthermore I permit my child to participate in the events provided by Revolution Gymnastics.

I have further read and fully understand the information above and sign this waiver and release of liability and I am fully informed of its content.

Signature of Parent/ Legal Guardian _____ **Date:** _____

Witness _____ **Date** _____

REVOLUTION GYMNASTICS RULES AND POLICIES 2016-17

Tuition- Monthly Tuition is due on or before the 1st day of each month. If payment is not received by the 2nd class of the month, a \$ 10.00 late fee will be assessed. It is not the responsibility of the gym to remind you of tuition, however notices will be posted in the gym. We accept check, cash and credit. There will be a \$ 25.00 charge assessed for all returned checks. **There will be no refunds on tuition or registration.** We only pro-rate tuition for new students. The annual registration fee is \$ 45 for the 1st child, and \$20 each additional sibling and is non-refundable. **If paying by credit card we will charge your card on file the second week of every month if you have not paid it the first week of the month for all open invoices. I.E. Tuition, Leos, Meet Fees and USAG numbers.**

Withdrawal- A parent or legal guardian must email or call the gym with the intent to withdraw at least 2 weeks prior to your child's last class. If no notice is given, you will be billed monthly tuition until we receive notice of withdraw..

Holidays- The following Holidays will be observed and the gym closed...

September 7th/ November 26th & 27th/ Dec 24th - Jan 1st/ Kanawha County Spring Break.

There is no - prorated tuition for the above listed Holidays. With the exception of the listed previous dates, Revolution does NOT follow school closures of any kind including snow days.

Make-up classes- Revolution offers one make-up class a month. Students will have 1 month from the missed class to make-up. The make up classes can be scheduled via phone or email. If you schedule a make up class and miss the make-up without notifying the gym, you will not be able to reschedule. Missed classes cannot be used in lieu of tuition. There is no prorating tuition for missed classes.

Sickness policy- Do not bring sick children to the gym. Any child showing signs of sickness, will be asked to leave.

Proper Attire- All gymnastics class participants are required to wear a one-piece leotard. Shorts or T-shirt can be worn over. Tumblers may wear short and t-shirts. T-shirts should be tucked in or clothes should be form fitted as not to cause any safety issues. Bare midriffs are not permitted at Revolution. Hair should be pulled back away from face. Boys should wear comfortable clothes, no belt buckles or jeans allowed. Jewelry is not permitted with the exception of stud earrings.

Proper Behavior- Respectful social and safe behavior is expected at all times from the students, siblings of students and parents. Unacceptable behavior such as disrespecting others, pushing, hitting, spitting, line cutting and bad language will not be permitted. The child, parents or siblings will receive one warning. After the 2nd incident they may be asked to leave the facility.

Tumble Track and Pit safety- Tumble Track and Pit rules are found on the wall and must be followed.

Little Dippers-The parents or caregiver must supervise the child at all times.

Please remember for safety reasons, parents are never allowed on the coaching floor. Viewing is permitted in designated areas only. Please keep all non-participating siblings with a parent or guardian at all times. All non-participating persons must stay off equipment, mats and pits. It is important to us that you and your child have a safe, fun and rewarding gymnastics experience.

Signature of Parent or Legal Guardian:

Date: _____