

**Santa Rosa Gymnastics Center and Elite Cheer Inc.**---2210 Bluebell Dr. SR CA 95403 -- (707) 525-1720

Student #1 Name: \_\_\_\_\_ B-day: \_\_\_\_\_ Gender: M F

Student #2 Name: \_\_\_\_\_ B-day: \_\_\_\_\_ Gender: M F

Student #3 Name: \_\_\_\_\_ B-day: \_\_\_\_\_ Gender: M F

**Please mark boxes of legal guardians:**

Mother/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release Form: For Any Instruction/Coaching/Party/Space Rental/Camp/Event/Rec. and Parks/Gym Play**

As the person, parent and/or legal guardian of the participant(s) named below, I authorize all activities offered at Santa Rosa Gymnastics Center and Elite Cheer Inc.(SRGC). I am fully aware, appreciate, and understand the risks associated with participation in gymnastics or any of the activities and events, which my child or I will participate in at SRGC. I believe myself and/or my child to be qualified, in good health, and in proper physical condition to participate and be taught, including but not limited to tumbling and gymnastics at SRGC. I hereby release, discharge, covenant not to sue, and agree to indemnify, save and hold harmless SRGC, its employees, owner and/or leasers from all liability claims, demands, losses and/or damages on my or the student's account, including negligent rescue operations. I understand that this is a high impact sport/activity and injuries or death may occur. I agree to waive any claim and not hold liable for any bodily injury, emotional injury, personal injury, or property damage against SRGC, its employees, owner and/or leasers of the premises and any equipment used in connection with any programs of SRGC, arising out of mine or my child's participation in any program at SRGC, whether inside or outside the facility, on or off the SRGC premises, including travel for the purpose of participating in any such programs or events. By signing below, I release my child's name and any image or video of my child to be used by Santa Rosa Gymnastics and Elite Cheer Inc. in any web page, advertisement or promotional use. I further agree that if, despite the release, I or anyone on the student's behalf makes a claim against Santa Rosa Gymnastics Center and Elite Cheer Inc. (SRGC), and/or Darcie Fellows, any of these releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or any cost that may incur as the result of any such claim. I hereby promise that all health questions (answered on adjoining page) have been accurately answered, and any doctors' release (if needed) has been provided. In case of illness or injury, I accept full responsibility for any and all associated medical costs and expenses. I have read, understand and promise to abide by all the SRGC gym safety rules and gym policies (stated on the adjoining page). I have read the above and fully understand and agree with, the above terms, and abide by all SRGC's rules and policies. Each student is allowed 1 make up per month, regardless of how many classes that they are enrolled in. You must complete your make up with in a 4-week period. (No make-ups or proration for Holidays or missed classes.) Prices are based on a 4-week session and are subject to change and late fees may be applied. *If this class is offered through Santa Rosa Recreation and Parks, not all of SRGC policies apply for these courses, including our absentee and payment policies. Please direct your questions regarding these courses to Santa Rosa Recreation and Parks.* Failure to sign any of the forms may also result in no class participation. Parents of students under the age of 5 must stay on premises.

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other (gym play) Adult signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Questions (please circle answer)

1. Has a doctor ever told the student he/she has a heart condition and/or recommended only medically supervised physical activity?

Yes No

2. Does the student have chest pains brought on by physical activity, or complained about any chest pains? Yes No

3. Has the student ever lost consciousness or fallen as a result of dizziness? Yes No

4. Has a doctor ever recommended a medication for the student's blood pressure, heart condition, or other disorders that could influence their ability to perform gymnastics or participate in these activities? Yes No

5. Does the student have a bone or joint problem that could be aggravated by gymnastics or these activities? Yes No

6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against the student exercising without medical supervision? Yes No

7. Has the student ever had a neck, head injury or concussion? Yes No

8. Does the student have a convulsive disorder? Yes No

9. Does the student have uncontrolled asthma? Yes No

10. Does the student have an infectious skin or blood disorder? Yes No

11. Is the student currently or recently recovering from a significant illness (ie flu, mononucleosis, pneumonia, etc)? Yes No

12. Does the student have any allergies that our staff should be aware of? Yes No

13. Are there any learning or behavioral disabilities or problems that our instructor should be aware of? Yes No

14. Are there any disciplinary problems that our instructors should be aware of? Yes No

15. Are there any other health, physical, mental or emotional concerns we should be aware of? Yes No

16. List any Allergies: \_\_\_\_\_

17. List any other medical concerns: \_\_\_\_\_

If you answered YES to any of the above questions, explain below: (A copy of a doctors release may be mandatory before your student attends any sort of class or has any sort of instruction at SRGC.)

I have been truthful in all my answers above \_\_\_\_\_ initial (parent or legal guardian)

## Santa Rosa Gymnastics and Elite Cheer Inc. Gym Safety Rules & Policies:

1. No Running or horseplay.

2. No disrespectful words or actions towards others

3. Each student is allowed 1 make up per month, regardless of the number of classes that they are enrolled in. You must complete the make up within a 4-week period of missing the class. (Make ups will be held once a month on Saturday afternoons.) If you sign up for a make up and miss the make up it will count as your 1 make up for the month. (No make-ups or proration's for Rec an Park classes, Holidays or missed classes.)

4. Only Athletes or Gymnast are allowed past the gated areas in the gym.

5. A parent or legal guardian must sign all release forms and payments made before any lessons begin.

6. Hair longer than shoulder length must be tied back and no jewelry allowed to be worn.

7. Students must wear movable, form fitting clothing with no buttons, zippers, or snaps.

8. No glass containers are permitted on premises. No food or drink allowed on the gymnastics/carpeted areas.

9. No spectators allowed on the gymnastics carpeted or matted area.

10. All children and minor spectators **MUST** have adult supervision **at all times**.

11. Only athletes/students are allowed to use & go on gymnastic equipment, only when supervised by a SRGC staff.

12. Athletes need to stay seated while waiting for classes & no horseplay, gymnastics, or dance allowed on cement area.

13. No screaming, yelling or loud outbursts from athletes, spectators or students.

14. Parents may **NOT** coach or teach their child while students are in classes and under the supervision of SRGC staff.

15. Children/students may not leave premises or go outside without a parent or guardian.

16. You may not stop and drop off in the RED ZONE in front of the building. That is a **FIRE LANE ONLY!**

17. Visitors for students, camps, field trips or birthday parties may only view from observation area and are not allowed on the gymnastics, carpeted or matted areas.

18. Athletes/Students wearing shoes must be sure shoes are clean and have white soled shoes only!

19. Payments are due before classes begin. Students may be dropped if payment is not made by the 10<sup>th</sup> of each month.

20. Students will be automatically reenrolled each month. To cancel your membership you will need to notify office staff.

21. Returned checks will be re-deposited and there will be a \$20 NSF fee for all returned checks.

22. Students misbehaving or acting in a unsafe or disrespectful manner, will be asked to sit out or asked to go home.

23. Camp participants must wear appropriate clothing, as well as sunblock and closed toed shoes for outdoor play.

24. Students must be picked up within 15 minutes from the end of the camp/lesson. Any student remaining after that time will be charged \$10 for every 15 minutes.

I have read, understand the above and will abide by all these rules and policies. \_\_\_\_\_ Initials (parent or legal guardian)