

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:

☐ Parent/Legal Guardian Name #1: _____
Address: _____ City: _____ Zip: _____
Email Address: _____ Cell #: _____ Phone: _____

☐ Parent/Legal Guardian Name #2: _____
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 (the "student"), I authorize all activities offered at Santa Rosa Gymnastics Center and Elite Cheer Inc., a California corporation (SRGC). I am fully aware, appreciate, and understand the risks associated with participation in gymnastics or any of the activities and events, which my student or I will participate in at SRGC. I believe myself and/or my student 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, agents, representatives, owners, officers, directors, volunteers and landlords of SRGC from all liability claims, demands, losses and/or damages on my or the student's account, including, but not limited to, musculoskeletal injury to arms, shoulders, hips, and/or reproductive organs and claims arising from negligent rescue operations by SRGC. I understand that this is a high impact sport/activity and injuries, or death may occur to those participating in this activity.

Waiver Regarding Specific Equipment. In the event that you, your student and their SRGC coach wish to allow your student to use certain gym equipment, including rings, pommel horse, uneven bars vault, trampoline & high beam, the use of which can be dangerous, SRGC requires your written consent prior to your student's engaging in such activities. If you wish to permit your student's use of such equipment, please sign as indicated below in the space indicated below.

Parental Waiver. I, the undersigned parent, understand that use of certain gym equipment, including rings, pommel horse, uneven bars vault, trampoline & high beam may be dangerous to my student. My signature here indicates that I consent to allow my student to use the specific equipment on this list and hereby assume any and all risks of the student's participation in such activities at SRGC, as set forth in this Release Form above:

Parent Signature: _____ Date: _____

General Waiver. I agree to waive any claim and not hold SRGC liable for any bodily injury, emotional injury, personal injury, or property damage against SRGC, its employees, agents, owners and/or landlords of the premises and any equipment used in connection with any programs of SRGC, arising out of mine or my student'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 student's name and any image or video of my student to be used by SRGC 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 and that the dollar limit of any such claim shall be the amount paid by you or your student to SRGC in the year prior to the assertion of such claim. I understand that if there is a disease outbreak occurs it is my choice to bring my child into the SRGC and I will not hold the SRGC liable for any illness my child may incur. 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 and risk 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. Make up classes are not offered for missed classes. A recorded video will be sent to you via email upon request. We do not offer make ups or prorations for Holidays or missed classes for reasons not listed above. 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: _____

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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 (i.e., 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 doctor's release may be mandatory before your student attends any sort of class or has any sort of instruction at SRGC.)

18. If you or your child has experienced the following symptoms in the last 24 hours; fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

If you answered yes to the question #18 you must stay home until you are symptom free for 24 hours.

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. Make up classes are not offered for missed classes. A recorded video will be sent to you via email upon request. We do not offer make ups or prorations for Holidays or missed classes for reasons not listed above.
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 covering stomach 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 always have adult supervision.
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 10th of each month.
20. Class students will be automatically reenrolled each month. To cancel your membership, you will need to notify office staff.
21. Returned checks will be redeposited and there will be a \$20 NSF fee for all returned checks. If your account is sent to out collections department you will be charged a \$25.00 fee.
22. Students misbehaving or acting in an 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/class. 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)