



5637 UNION CENTRE DRIVE WEST CHESTER, OH 45069 (513) 860-3351

WWW.PERFECTIONGYMNASTICS.COM

STUDENT REGISTRATION

Student Name: _____ M / F Age _____ DOB _____

Student Name _____ M / F Age _____ DOB _____

Student Name _____ M / F Age _____ DOB _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Address: _____ City _____ Zip _____

Phone: () _____ Cell: () _____ Emergency: () _____

E-Mail Address: _____

Has your child had a physical examination in past last year? Circle one: Yes No
(Perfection Gymnastics School recommends that every student complete an annual physical examination.)

Are there any medical conditions of which we should be aware? Circle one: Yes No
If yes, please explain:

May we use your child's photo on our website or in advertisements? Circle one: Yes No

How did you hear about us?
Circle One: Friend Advertisement/Paper Website Drove by Other

I agree to the following tuition policies (all team and classes):

I understand that Perfection Gymnastics does not bill me for tuition, and it is my responsibility to pay my account balance. I understand that my child is continuously enrolled in class and will incur monthly tuition charges on my account until I inform the business office. An annual membership fee of \$35.00 is added to my tuition on the anniversary month of our family joining the gym. I further understand that if my credit card is declined there will be a \$10.00 decline fee charged. All refunds will be subject to a \$10.00 fee, and returned checks carry a fee of \$35.00.

Preschool, Recreation & Tumbling Classes Tuition Policy

I agree to pay tuition by the 10th of each month. For example, payment for September classes is due by August 10th. I understand that if tuition is not paid, PGS will initiate electronic payments for the balance of my account onto my credit-debit card that is required to have on file. If tuition is not paid before the 15th of the month, my child may be tagged inactive, may be un-enrolled, and children on the waiting list may be called.

Team Gymnastics Tuition Policy

I agree to pay tuition by the 1st of each month. For example, payment for September classes is due by September 1st. I understand if tuition is not paid, Perfection Gymnastics will initiate electronic payments for the balance of my account onto my credit-debit card that is required by Perfection Gymnastics to have on file. I further understand that if tuition is not paid before the 5th of the month, my child may be tagged inactive, may be un-enrolled, and children on the waiting list may be called.

Eligibility to participate in class at Perfection Gymnastics School requires a completed student registration form with release of liability, emergency medical authorization and full tuition on or before the first day of class.

I have read and understand all of the policies and procedures for membership at Perfection Gymnastics and agree to the terms, including but not limited to the safety policies listed on the back of this registration form. I further acknowledge receipt of the Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations.

Parent/Guardian (Please Print) _____ Date _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Membership date: _____ * All parents/guardians must sign.



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SAFETY POLICIES

At Perfection Gymnastics we strive to teach children gymnastics in a fun and safe environment. Our coaches and instructors are trained in safe practices and are required to take the recommended USAG Safety Education Course. PGS maintains low student to instructor ratios to maintain proper supervision. Gym equipment is inspected frequently to ensure safety. Our coaches will talk to the children about staying safe and we also need and expect support and cooperation from students, parents and families to ensure the safety of everyone. Safety rules are listed below.

CHILDREN MUST BE SUPERVISED AT ALL TIMES BY EITHER THEIR INSTRUCTOR, OR WHEN NOT IN CLASS, THEIR PARENTS/GUARDIANS. THERE SHOULD BE NO CLIMBING, HANGING, RUNNING ETC. IN THE LOBBY AREA OR ANY OTHER AREA THAT HAS NOT BEEN APPROVED BY AN INSTRUCTOR.

PAY CLOSE ATTENTION TO ALL SIGNS IN THE GYM.

STUDENTS (AND PARENTS IN THE CASE OF CHILD/PARENT CLASSES) SHOULD STAY WITH AND LISTEN TO THEIR INSTRUCTORS AT ALL TIMES.

THE ONLY PEOPLE PERMITTED IN THE GYM AREAS ARE INSTRUCTORS AND STUDENTS. NO ONE ELSE SHOULD ENTER THE GYM AREAS OR USE GYM EQUIPMENT AT ANY TIME.

IF ANY TYPE OF INJURY OCCURS THAT THE INSTRUCTOR OR A PGS STAFF MEMBER IS NOT AWARE OF, A STUDENT OR PARENT MUST INFORM THE INSTRUCTOR OR ANOTHER PGS STAFF MEMBER IMMEDIATELY.

FOOD AND DRINKS CAN POSE A SAFETY HAZARD IN THE GYM. STUDENTS ARE NOT PERMITTED TO BRING FOOD OR DRINKS INTO THE GYM AREA, WITHOUT PERMISSION FROM AN INSTRUCTOR.

JEWELRY CAN POSE A SAFETY HAZARD IN THE GYM. NO JEWELRY OF ANY KIND SHOULD BE WORN BY ANYONE WHO IS USING THE GYM EQUIPMENT OR PARTICIPATING IN ANY GYM ACTIVITIES. ZIPPERS, BUCKLES OR BUTTONS CAN ALSO POSE A HAZARD AND SHOULD NOT BE WORN.

HAIR SHOULD BE PULLED BACK WHEN PARTICIPATING IN GYM ACTIVITIES TO ENSURE SAFETY.

IF A STUDENT, PARENT OR SPECTATOR'S BEHAVIOR CREATES A SAFETY HAZARD IN ANY WAY, ONE OR MORE OF FOLLOWING STRATEGIES WILL BE USED DEPENDING ON THE SEVERITY AND FREQUENCY OF OCCURRENCES.

- * Verbal reminder
- * Time out in lobby
- * Dismissal from class for the day
- * Dismissal from class for the term
- * Any other strategy deemed appropriate for ensuring safety



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PERFECTION GYMNASTICS SCHOOL **MEDICAL RELEASE FORM**

I fully understand that Perfection Gymnastics School (PGS) staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby consent to and release the PGS staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the PGS staff to call our doctor and to seek medical help, including transportation by a PGS staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the PGS staff deem this to be necessary.

Preferred Hospital (In Case of Emergency) _____

Parent(s) or Guardian(s) (Please Print) _____

Parent(s) or Guardian(s) Signatures _____ Date: ___/___/___

Parent(s) or Guardian(s) (Please Print) _____

Parent(s) or Guardian(s) Signatures _____ Date: ___/___/___

PERFECTION GYMNASTICS SCHOOL **WAIVER AND RELEASE**

Students and parents shall make themselves aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, dance and the use of inflatable obstacle courses. Students and any other individual in the areas where these events occur may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Cheerleading and play in inflatable obstacle courses can be dangerous and can lead to injury! The risks of serious bodily injury or death are inherent to gymnastics, tumbling, cheerleading, dance and the use of inflatable obstacle courses, and are unavoidable. Parents and students further understand that there may be other activities in addition to those listed above that may pose a danger to students and nearby individuals, and parents and students expressly assume all risks, known and unknown. Parents acknowledge these risks and agree to make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Perfection Gymnastics School (PGS), its coaches, staff members, volunteers, and other agents shall not be responsible for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading, or open workouts, birthday parties or in the course of any exhibition, competition, clinic in which he or she may participate or when traveling to or from the event. PGS, its coaches, staff members, volunteers, and other agents shall not be responsible for injuries sustained by any parent during the course of gymnastics, tumbling, dance, cheerleading, or open workouts, birthday parties or in the course of any exhibition, competition, clinic in which he or she may attend or when traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, the undersigned parent, on behalf of himself or herself and any other parent, consents to have his or her child or children participate in the programs offered by PGS. The undersigned parent, on behalf of all parents, the child or children, executors or other representatives, waive and release all rights and claims for damages that the parent or child may have against the Perfection Gymnastics School and/or its representatives whether paid or volunteer.

* All parents/guardians must sign.



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By signing this Waiver and Release, the parents and student(s) agree to waive, release and hold harmless PGS and its agents, employees, representatives from any and all present and future claims, lawsuits, actions, liabilities, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever for, upon, or by reason of, any present or future loss, injury, disability or damage of any kind whatsoever (whether to person, including death, or to property, and whether negligent or otherwise), known or unknown, anticipated or unanticipated, at any time arising out of or relating in any way to the activities at PGS. Agreement to this Waiver and Release is voluntary and in exchange for permission of the child or children to participate in activities at PGS. The undersigned acknowledges that he or she has been provided sufficient time to read and consider the nature and scope of this Waiver and Release.

The undersigned also affirms that he or she now has and will continue to provide proper hospitalization, health, and accident insurance coverage which the undersigned acknowledges as adequate for both the child's or children's protection and the parents' own protection. The child or children are covered by a primary health/medical/accident insurance through:

The undersigned also understands that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent shall warn the child according to what the parent feels is appropriate. PGS will only warn the child through "Safety Messages" and our teaching style and progressions.

The undersigned also understand that it is his or her responsibility as a parent and the responsibility of the child or children to comply with all the rules of Perfection Gymnastics School in order to prevent injury while at PGS. The PGS, its coaches and other staff members, shall not be responsible for injuries sustained by any spectator or visitor to PGS that occurs as a result of inadequate supervision on the part of the parent or guardian and/or noncompliance with PGS rules.

Parent(s) or Guardian(s) (Please Print) _____

Parent or Guardian Signature _____ Date: ____/____/____

Parent(s) or Guardian(s) (Please Print) _____

Parent or Guardian Signature _____ Date: ____/____/____

* All parents/guardians must sign.