

Thomasville YMCA Gymnastics Registration Form

Child's Name: _____ Birth date: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Mother/Guardian Name: _____ Work #: _____ Cell: _____

Father/Guardian Name: _____ Work #: _____ Cell: _____

Authorization to pick up: (Other than guardian)

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Emergency Contacts: (Other than guardian)

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Physician's Name: _____ **Phone #:** _____

List any medical conditions (allergies, illness, or injuries):

List any medications (prescriptions):

Medical Authorization

Participants Name: _____ Name of Program: _____

I am the (mother/father/legal guardian) of the participant named above. I am fully aware that certain risks of bodily injury are possible as a result of the participant's participation in the YMCA/Thomas County Recreation Programs. I, individually on behalf of the participant named above, do hereby acknowledge the assumption of the risk of any bodily injury and any consequences thereof which might take place as a result of the participant participation in the program. In order to provide for timely and adequate medical care of the participant in the event of injury as a result of participation in the YMCA/Thomas County Recreation Program, I do here by authorize the YMCA/Thomas County Recreation to act in the following matters with regard to the participant:

- a. To obtain and authorize medical care of the participant at any hospital, emergency medical care or other health or medical facility by any medical doctor, osteopath, nurse, emergency medical technician or any certified licensed practitioner of a healing art.
- b. To do any other thing or perform any other act, not limited to the foregoing which I might to in person in order to provide for medical care and welfare of the participant.

I further agree to be responsible for all expenses arising out of any medical care provided to the participant, and agree to release, hold harmless, and indemnify the Young Men's Christian Association and Youth Center of Thomasville, Inc. and/or City of Thomasville and/or Thomasville City School and/or Thomas County School and/or Thomas county Youth Camp and its elected appointed officials; its employees, and there respective heirs, executors, administrators, and assigns, of and from by reason of any injury or damage or any consequence thereof suffered by the participant or by release shall remain in force and effect until such time as the Program has ended.

Print Name _____

Signature _____ **Date** _____

Consent to photograph: Permission is granted for (me ___/my child___) to appear in still or motion pictures using (my___/my child's___) name for educational, promotional, or other purposes only. ___ yes ___ no

Guardian's Initials: _____

Disciplinary Procedure

- **First Offense-** Warning
- **Second Offense-** Time out and documentation
- **Third Offense-** Sit out for the rest of class time/call parents
- **After third warning suspension for a month**

Refunds

Gymnastics tuition can not be refunded for any reason.

Late Fee

Fees are due before the first class of each month. After the 5th of the month a \$10 late fee will apply. This fee cannot be waived for any reason.

Dress Code

- Hair must be pulled back into a ponytail, away from the face
- No jewelry
- No clips, barrettes, or bobby pins
- Leotard with or without elastic band shorts
- T-shirt with soccer like shorts (BOYS ONLY)
- Bare feet
- No tights or socks
- No gum or foreign object in mouth during class

Observation Agreement

Only participants with coach and signed registration form are allowed in gymnastics program. **Only participants are allowed in the workout area during assigned class time. All others must remain in the observation area due to insurance and safety reasons.** It is the parent/guardians responsibility to keep their guest, family, and friends under control and in the observation area. **Parents, guest, family, and friends are restricted to observation area in the Gymnastics Department at all times.**

I hereby understand the Disciplinary Procedure, Refund, Late Fee, Dress Code, and Observation Agreement given above.

Signature

Date

ASSUMPTION OF RISK/RELEASE/HOLD HARMLESS AGREEMENT

In consideration of my and/or my family members' and guests' being allowed to have access to, and being allowed to use certain properties owned, leased, managed or operated by the Young Men's Christian Association and Youth Center of Thomasville, Inc. (hereinafter called "YMCA") or any affiliated entity thereof (including, but not limited to, the Francis F. Weston YMCA Y Kid's center) and for other good and valuable considerations, the receipt and adequacy of which are hereby acknowledged, I the undersigned, inclusive of all of my family (including minor children) (hereinafter inclusively called "Member") and authorized guests, hereby agree that all uses of any of such lands, buildings, vehicles, equipment and other property of whatever nature or kind, of or utilized by the YMCA and/or YMCA Prime Time center, shall be undertaken by Member and such guests at my/our/their own risks, and that Member understands the risks of the use of said property or facilities. Except when it's/their sole negligence is the sole cause, neither the YMCA, nor any such affiliated entity, group, individual, officer, director, agent, employee or other person or entity related to or affiliated with the said YMCA (inclusively hereinafter called "Indemnities"), shall be liable for any claims, demands, injuries (including death), damages, actions or causes of action whatsoever, of or to any individual or entity whatsoever, inclusive of me and my family members and guests, or to any property, arising out of, or connected with, in whole or in part, the use by Member (any of them/us) or such guests of Member of any said lands, buildings, improvements, vehicles, facilities or property. The undersigned Member (for himself/herself and all family Members and guests) does hereby expressly forever release, discharge and indemnify the Indemnities and each of them from all such claims, demands, injuries (including death), damages, actions or causes of action, and, except where an Indemnities sole negligence is the sole cause of action, from all acts of active or passive negligence on the part of the Indemnities on any of them.

Signed and sealed by the undersigned as a part of my/our application for membership in YMCA, if I/we am/are applying for membership, or for participating in one or more programs of the YMCA, including, but not limited to, the Francis F. Weston YMCA Y Kid's center, if I/we am/are not applying for membership, but am/are applying for participation in such program(s) for myself or my child(ren) and/or other family member(s) or guest(s).

Signature

Date