

# KB Gymnastics Registration Form

<u>Office Use only</u>	
Date Registration paid:	_____
Class enrolled(1):	_____
Class enrolled(2):	_____
Class enrolled(3):	_____
Recorded in database	<input type="checkbox"/>

### Gymnast Information

Gymnasts Name (1): \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: **M** or **F**  
 Gymnasts Name (2): \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: **M** or **F**  
 Gymnasts Name (3): \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: **M** or **F**  
 Important medical information: \_\_\_\_\_  
 (please include allergies and disabilities)

### Parent or Guardian Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

(2<sup>nd</sup> parent info required only if different)

### Emergency contact Information

- In case of an emergency KB will call the number below if we cannot reach you using the phone numbers listed above.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Insurance Information

Insurance Co: \_\_\_\_\_  
 Policy or group number: \_\_\_\_\_

### Other Info

How did you hear about our program? \_\_\_\_\_  
 Please list your child's class day/time:  
 Gymnast (1) \_\_\_\_\_ Gymnast (2) \_\_\_\_\_ Gymnast (3) \_\_\_\_\_

### Agreement

By initialing below, you are agreeing to the following:

\_\_\_ **1) School Year Program Class Discontinuation Agreement**

I am aware that if I enroll my child between the months of September through May, I am enrolling in KB Gymnastics School Year Program. Enrollment is effective until the beginning of June. Withdrawing prior to this program completion requires a 30-day notice. I am aware that I am obligated until the end of this 30-day period. I fully realize that my financial obligation is completed 30 days after my notification.

\_\_\_ **2) Rules and Regulations Agreement**

I have received a copy of KB Gymnastics' Rules and Regulations and know it is my obligation for safety's sake to review it with my child.

\_\_\_ **3) Photography Agreement**

KB Gymnastics is granted full ownership and rights to any photograph(s) that they may take of my child at their facility or during other activities associated with KB Gymnastics. I am fully aware that they may use these photographs in any media that they may produce (in print or electronic form), including advertisements.

\_\_\_ **4) Observation Area Notice**

KB Gymnastics has no parent's observation. However if you must stay during your child class we ask you go to the designated area. As always we are open to any questions about your child's progress throughout the year. At the end of the year we have a parent observation class showing you your child's progress since you can not observe classes throughout the season.

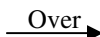
\_\_\_ **5) Sickness Notice**

I am aware that if my child is ill I will not bring him/her to class until they are feeling better. I understand that if my child tells the staff that they are not feeling well, your child will be asked to have a seat and the parent will be called to pick them up. I realize I can schedule a makeup for classes missed.



Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return this document to KB at your earliest convenience\*



# KB Gymnastics

Rev. 8/1/11

At the Denver Rec. Center

Ph. (717)336-4960

***Payments can be mailed to:***

130 N. Blainsport Rd. Reinholds, Pa. 17569

**Website:** [www.kbgymnastics.com](http://www.kbgymnastics.com) **email:** kristihostetter@gmail.com

## Policies

1. **The annual registration and insurance fee is \$30.00 per student.** The registration fee is **NON-REFUNDABLE**. The registration fee is good for year of gymnastics instruction (September – August).
2. **Monthly tuition is due by the 1<sup>st</sup> class of each month. A \$15.00 late fee is applied to each child's account after the new month begins.** The monthly fee remains the same regardless of the number of lessons in the month unless noted otherwise.
3. **In the event that the students tuition is not paid by the due date your child will be asked to have a seat in the waiting area for each class that the bill is not paid.**
4. You will NOT be billed automatically. Promptly drop your payments in the place provided first class of each month. If your child will not be attending the first class of the month your payment however, is still due and can be mailed to the above address.
5. Your child is enrolled in our program, which runs September thru May. **A 30-day notice is required for withdrawing from the program for any reason. Failure to do so will cause you to receive a bill for that month.**
6. Returned check fee is **\$30.00**.
7. KB Gymnastics allows students to make-up missed classes if you choose to do so. **Make-ups MUST be scheduled in advance; you are not allowed to “drop-in” for a make-up class. Make-ups must be taken within one month from the date the class was missed. Make-ups are not cumulative nor are credits or refunds given in lieu of make-ups. KB Gymnastics does NOT automatically schedule make-ups – this is your responsibility.**
8. KB Gymnastics insurance is strictly secondary coverage. Your primary insurance **MUST** be used if the need arises. If your primary carrier does not cover something, only then will it be submitted for coverage to our insurance company, less the deductible.
9. KB Gymnastics does not offer any refunds. Credit may be given for extenuating health circumstances when approved by the staff.
10. In case of inclement weather, class closings will be posted on our website [www.kbgymnastics.com](http://www.kbgymnastics.com) Makeup's will be given - No refunds will be given.

## Gym Rules

We take pride in providing a safe, healthy and fun environment for your child's fitness and gymnastics development. It is most important that one follows the rules since it is imperative for the safety of everyone. Gymnastics is a beautiful sport and as in any sport gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists – the risk cannot be eliminated. The risk includes minor injuries and in very rare cases catastrophic injuries.

**Please review these rules regularly with your child so they are reminded of the importance of safety and follow directions. These rules exist for safety and insurance reasons!**

1. Parents and siblings are required to remain in the waiting room. There is **NO** observation of classes (**or no persons may stand in the door way**) **There is no room for observation!** We will ask anyone who is disrupting our classes to leave the building.
2. No students permitted on equipment without an instructor at any time.
3. No running in the gym or parking lot.
4. Gum in not permitted during class.
5. Stud earrings are permitted. All other jewelry should be removed prior to class.
6. Proper gymnastics attire is required. Girls – Leotard or form fitting athletic clothing. Boys – T-shirt & shorts. Loose clothing or jeans are not permitted.
7. Respectful behavior is expected of all students. Students who are continually disruptive will be asked to leave the class.
8. Injuries – If your child feels they have sustained an injury during class, please let a staff member know immediately for insurance purposes.
9. Students are not permitted to leave the building without a caretaker, parent or guardian.
10. Long hair **MUST** be tied back.
11. Water bottles are permitted in the waiting area only.

**Thank you for helping us make your child's gymnastics experience fun and safe!**

# Insurance Waiver

Please use the following waiver:

When you have any participant that is a minor.

\*\* (Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and /or Legal Guardian.

**This waiver**, when the parent gives parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. **This waiver only covers the minor**. If the Parent decides to participate in the same activity as the minor please Make sure the Parent also signs the other Waiver in addition to this waiver.

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

### KB Gymnastics Program

In consideration of participating in the \_\_\_\_\_ I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

### KB Gymnastics, LLC

I hereby release, discharge, and covenant not to sue \_\_\_\_\_, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Child's  
name  
here



\_\_\_\_\_  
Printed name of participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

### PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Parent  
Sign  
here



\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/or Legal Guardian