2021-2022 Fall/Spring Registration Form

Payment Amt: \_\_\_\_\_\_\_ Payment Type: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Family Information:

Contact #1 First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: Mother: \_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_ Guardian: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2 First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: Mother: \_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_ Guardian: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(other than parents or guardians)

Family Mailing Address:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Student Information:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Gender: \_\_\_\_\_\_\_ Student Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) Student Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Disabilities/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Day/Time Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Student Information:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Gender: \_\_\_\_\_\_\_ Student Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) Student Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Disabilities/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Day/Time Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Emergencies:**

The Undersigned gives permission to River City Gymnastics, its’ owners and operators to seek medical treatment for the participants, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or conditions and/or declare the participant to be in god physical and mental health. I request that our doctor/physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be called at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that my child be reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital.

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

**Picture Release:**

I hereby give River City Gymnastics, its agents and/or assignees permission to use the photographs taken of my children for publicity and promotional purposes. I relinquish all rights, title, and interest I may have in the finished pictures and hereby release River City Gymnastics from any and all claims or demands for damages of any kind whatsoever arising from the use of said material. I am of legal age and freely sign this release, which I have read and understand.

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

**COVID-19**

River City Gymnastics, Inc., has put in place preventative measure to reduce spread of COVID-19, however, River City Gymnastics, Inc., cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending River City Gymnastics, Inc., or any place with people outside of your home could increase your risk and your child(ren) risk of contracting COVID-19.

By Signing this agreement, I acknowledge that contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending River City Gymnastics, Inc. I understand that the risk of becoming exposed to or infected by COVID-19 at River City Gymnastics, Inc., may result from the actions, omissions, or negligence of myself and others, including but not limited to, River City employees, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to personal injury, illness, disability and death), damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance and participation at River City Gymnastics, Inc. On my behalf and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless River City Gymnastics, Inc., its employees, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising our of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of River City Gymnastics, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the River City program.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of River City Participant(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend River City Gymnastics, Inc. for instruction and to use its facilities. I confirm that he/she is in good health. River City Gymnastics, Inc., may call a doctor or the person listed on the previous page in the event of an emergency if I cannot be reached. I also give River City Gymnastics Inc., its owners, directors, officers and agents permission to obtain emergency medical treatment for my child if is needed and I cannot be reached. I have been informed by River City Gymnastics, Inc., via this release form, and I fully understand that any activity involving motion or height necessarily including the activities for which my child is enrolled, create the possibility of serious injury or death from landing or falling on the head or neck. I fully assume this risk on behalf of my child and myself. I acknowledge that this risk can be significantly reduced by properly following the River City rules and policies. In consideration for the services received and the risks assumed by me on my own behalf and that of my child(ren). River City Gymnastics, Inc., and its owners, directors, officers, agents, employees, contractors, instructors, attendants and assigns are fully and absolutely released and discharged from all claims for injury, disability, disease, damage, loss and expense (past, present and future) arising our of or connected in any manner with any accident or injury sustained by my said child and his or her heirs, executors, assigns, and representatives, while said child is engaged in any activity directed, sponsored, conducted or maintained at or by River City Gymnastics, Inc., its owners, directors, officers, agents, employees, instructors, attendants or assigns. This release is executed of my own free will as consideration for access to the services, facilities and equipment of River City Gymnastics, Inc. I fully understand everything contained in this release and agree.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information:**

Tuition plus a non-refundable $40 registration fee (yearly fee) is due upon registration. Tuition is due by the 10th of each month. If accounts are paid after the tenth, a late fee of $25 will be applied to the account balance.

\_\_\_\_\_\_\_\_\_ I have read the above and agree

(Initial)

Classes will begin August 31st and will continue through May 27th. Enrollment is continuous until the end of the term unless a written drop notification is received, prior to the first of the following month. Drop notice forms are available on our website or at the front desk. After four consecutives absences without payment and/or drop notification, enrollment will be terminated, and the current balance will still be owed.

\_\_\_\_\_\_\_\_\_ I have read the above and agree

(Initial)

Gymnastics tuition will be automatically drafted from your bank account or credit/debit card of your choice (VISA or Mastercard only). Charges will be processed each month (1st, 5th or the 10th) on the day of your choice. I authorize River City Gymnastics, Inc., to initiate debit entries to my bank account or credit/debit card and to debit the same account monthly. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S law. This authorization is to remain in full force and effect until River City has received written notice, prior to the next month starting, of its termination in such time and in such manner as to afford River City Gymnastics, Inc., and the bank/credit institution a reasonable time to act upon it.

\_\_\_\_\_\_\_\_\_ I have read the above and agree

(Initial)

Billing Draft Date (Please circle one) 1st, 5th, 10th \_\_\_\_\_\_\_\_\_\_ (initial)