

Class Day: M T W Th F S Class Time: _____ Beginner Level Recreation Boys Cheer Silks

School your child attends _____

Please **CALL** if your athlete will **NOT** be at class. **434-589-7655 (ROLL)**

Student: _____ Age: _____ Birth Date: _____

Home Address: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Mom's phone: _____ Dad's Phone: _____ Email: _____

Does your child have an allergy we should know about? _____

Emergency Contact: Name: _____ **Phone:** _____
PLEASE PRINT (please include area code)

It is the Parents' Responsibility to:

- Teach your child to pack their gear the night prior to class.
- Tuition is due by the 10th, a late fee will be charged.
- Makeup class needs to be done prior to the end of the current session. You must call and set up your makeup appointment.
- Pro-rate: We do not pro-rate classes. We offer a make-up to accommodate a missed class. Know that you are buying a spot in the class.
- We will not prorate fees.
- Refunds are not given once you have attended the class. Registration fees are non-refundable.
- Understand that the schedule may change due to weather or conflicts out of our control.
- Respect that not everyone wants to be on Facebook or YouTube. Please avoid posting pictures of other folks children.

FYI

- We offer a 10% discount for family members.
- Children not dressed appropriately may have to sit out of their class.
- NO GUM in the gym. Food only in bench zone.
- Adults and siblings are not allowed on the gym floor.

Children are not allowed to:

- Have any electronic devices at the gym. This includes cell phones, etc. We will hold them until you get here – if being used.
- NO sodas, chips, cookies, or Nabs for snacks .
- We do have a few kids with NUT allergies.

Signature: _____

Date: _____

LIABILITY RELEASE

I understand the nature and scope of the listed activity above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the *gymnastic program*, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of him/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless *Crossroads Gymnastics Center*, its agents, operators, or instructors/employees from any and all claims, demands, costs, charges and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity, or transportation, if requested.

Caution: Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck.

I HAVE READ AND UNDERSTAND THE INFORMATION PRINTED ON THIS SHEET AND THE LIABILITY RELEASE.

I consent to the participation of the minor or myself named above in the program offered by Crossroads Gymnastics Center. I also allow photos, if taken, to be used in brochures, website or for news articles.

PARENT/GUARDIAN _____

PARTICIPANT _____ (if over 18)

DATE: _____

May we take photos of your child? ☐ YES ☐ NO