



REGISTRATION FORM

Free Assessment			
Date:		Time:	
Level Assessed			

Student #1		Student #2		Student #3	
First:	Last:	First:	Last:	First:	Last:
DOB: Male / Female		DOB: Male / Female		DOB: Male / Female	
Medical Information		Medical Information		Medical Information	
Current Immunizations: Yes / No Tetanus Shot: Date _____		Current Immunizations: Yes / No Tetanus Shot: Date _____		Current Immunizations: Yes / No Tetanus Shot: Date _____	
Allergies:		Allergies:		Allergies:	
Medications: EpiPen: Yes/No		Medications: EpiPen: Yes/No		Medications: EpiPen: Yes/No	
Broken Bones:		Broken Bones:		Broken Bones:	
Additional Medical Info:		Additional Medical Info:		Additional Medical Info:	
Physician:		Physician:		Physician:	
Parent Contact Information					
Mother/Guardian:			Father/Guardian:		
Address: City/State/Zip			Address: City/State/Zip		
Home / Cell:		Work/Alt:	Home / Cell:		Work/Alt:
Email: <i>(Statements are Emailed)</i>			Email: <i>(Statements are Emailed)</i>		
Emergency Contact & Additional Person Authorized for Child pick-up <i>(if parents can't be reached)</i>					
Full Name:			Full Name:		
Phone #:		Relationship to Student:	Phone #:		Relationship to Student:
Full Name:			Full Name:		
Phone #:		Relationship to Student:	Phone #:		Relationship to Student:

Referred By				
Web Search	Drive by	Friend/Family # _____ card _____	Birthday Party # _____	School/Scout _____

<i>Office Use Only</i>		
Entered PS	Date:	Staff:

Client ID# _____

POLICIES AND REGULATIONS

1. **NO REFUNDS OR CREDITS FOR CLASSES.** Enrollment is continuous. Sessions run on a 5 week or 10 week tuition schedule. You are not charged when the gym is closed. Ten week payments are discounted to include one free class. You may change from 5 week to 10 week prior to the priority registration date. Priority registration and tuition for continuing students is due by the 4th Saturday of each session. Week 5 of each session is open enrollment and students may be dropped for non-payment for the next session. A late fee of \$10.00 per student may be assessed for payments received after the 4th Saturday of the session. Reenrollment is based on class availability. Refunds requested before the start of the new session will be assessed a \$20 process fee.
2. **Autopay:** Parent's choosing to sign up for autopay will receive a \$5.00 discount per enrolled child and priority preregistration.
3. **Parking:** Please utilize the parking spaces directly in front and to the right of Oceanside Gymnastics main entry. Supervise your child in the parking lot at all times. We share our parking lot with the Oceanside Fire Department and City officials, do NOT park in red zones or block handicap spaces.
4. **Drop-off / Pick Up:** If you wish to drop off your child over age 10 years old, please enter the parking lot to the left of Oceanside Gymnastics Entry and drive around the building to the front so that your passenger door lines up with Oceanside Gymnastics entrance and children are not running through traffic. DO NOT drop students off prior to 10 minutes before class. Once a child enters the facility, place personal belongings in cubbies and remain in the waiting rooms until class to begin. Parents are responsible for their children until class begins. Oceanside Gymnastics DOES NOT provide child care. All children should be picked up when class is released. A "Babysitting" charge of \$15.00 per ten minutes per child will be assessed for any child not picked up on time. Children may not leave the facility unattended, please park and pick up your child from inside the gym.
5. **Waiting Room:** Parents, siblings and visitors are not allowed on the gym floor except when parents are assisting in Lil' Hopper Classes. All non-participating minors must be accompanied by an adult. We offer close caption viewing for your convenience. The front entry must be kept clear for fire safety reasons.
6. **Attendance:** Be prompt and ready for class, warm-up is extremely important in preventing injury. Student who arrives 15 minutes after class begins may not be allowed to join class. Regular class attendance will provide optimal training for your child; however, we understand there are times your child will be absent. For this reason, we provide 1 FREE make-up per 5 week period. Make-ups are done at Fun Zone / Open Gym. You must call by 8:00 a.m. the morning of your class to be eligible for a make-up.
7. **Dress Code:** Be ready for class; this includes wearing appropriate workout clothes, leotard, T-shirt, elastic waist shorts or sweats. NO spaghetti strap tank tops or bootie shorts. Long hair tied back and no jewelry (stud earrings are permitted). Please remove jewelry prior to class; we are not responsible for lost or stolen items.
8. **Food:** No eating food or chewing gum during class. Please utilize the waiting rooms for snacks.
9. **Hydration:** Children are given plenty of water breaks during class time. Only water and sport drinks are permitted in the gym area during class time. Label all water bottles with gymnast's full name, bottles left behind will be discarded at the end of each day. Athletic Achievement, Inc. dba Oceanside Gymnastics is not responsible for lost or stolen items.
10. **Safety:** Gymnasts' safety is a priority. For this reason, gymnasts are not allowed on the equipment before or after class. Observers should refrain from talking with gymnast while in class. Should you need to speak to your child, please notify the front desk. Our staff will be more than happy to discuss any comments or concerns you might have before or after class. Please report any injury immediately.
11. **Discipline:** Any gymnast who misbehaves during class or make up will be asked to sit down in time out. If the situation continues, parents will be notified to assist in determining whether or not the child should continue classes. We teach from a positive approach, but cannot tolerate potentially dangerous behavioral situations. Our definition of a time out: Disruptive students will be asked to sit down and re-group before rejoining class. We will handle it in a positive manner so that safety and learning can continue.
12. **Medical leave:** For your child's safety, all injuries must be reported immediately, including injuries sustained outside Oceanside Gymnastics. Should your child require an extended medical leave, please bring in or fax a copy of the doctors note within 7 days of injury to suspend your account and hold your child's spot up to 6 weeks. We are unable to process retroactive credits for missed classes after 7 days of first absent.
13. **Camp/Special Events:** Payment for camps and special events is due upon enrollment. Camps and special events are non-refundable. Camp days may be transferred with 7 day notice.

Signature of Parent or Legal Guardian

Print Name

Date

Client ID# _____

WARNINGS AND RELEASES

As a condition for participating in activities offered by Athletic Achievement, Inc. Oceanside Gymnastics, the undersigned hereby acknowledges and agrees to the following:

1. There are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. 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. Gymnastics is accomplishing certain bodily motions and rotations while in the air or using specific gymnastics apparatus. Landing can involve risks from minor to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety.
2. Participant/participant's parent(s) represent that they understand the nature of this Activity and that participant is qualified, in good health, and proper physical condition to participate in such Activity. Participant has no medical or physical conditions which would prevent Participant from fully participating in all normal and customary activity of the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside Gymnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue myself/my child's participation in the activity. Participant/participant's parent understands that they engage in all activity with full knowledge of the possible risk.
3. Participant, participant's parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of Participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort or for civil liability against Athletic Achievement Inc., dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity.

I, _____, parent/legal guardian, have read and fully understand the above warnings and I hereby give my permission for _____, a minor, to participate in the gymnastics, cheerleading, tumbling, physical fitness and other related activities at Athletic Achievement, Inc. dba Oceanside Gymnastics facilities; I hereby forever release Athletic Achievement, Inc. dba Oceanside Gymnastics and 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 and 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 further 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 assume the responsibility for the possibility of any resultant serious or catastrophic injuries. I have read all the above WARNINGS AND RELEASES and agree to my child's participation at Athletic Achievement, Inc. dba Oceanside Gymnastics.

This form signed by you authorizes emergency medical treatment for a minor child in the case of necessity. Should it be necessary for you to be away from your home, it can authorize the person charged with the care of your child to act for you. I do hereby authorize Athletic Achievement, Inc. dba Oceanside Gymnastics as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary in case of an emergency when parents cannot be reached. This includes, but is not limited to: X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s), until December 31, 2020. I understand that I am responsible for any medical expenses that may be incurred through my child's / my participation in gymnastics activities. I have read all the above WARNINGS AND RELEASES and agree to allow my child to participate at Athletic Achievement, Inc. dba Oceanside Gymnastics.

I give permission for my child's photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for publicity or professional purposes. I have read, understood, initialed and received a copy of the rules. My signature indicates understanding of gym policies and is given as part of the consideration for services charged by Athletic Achievement, Inc. dba Oceanside Gymnastics.

This release, waiver and indemnification/hold harmless shall have unlimited duration and may NOT be modified by me without the expressed written permission of an authorized representative of Athletic Achievement, Inc. dba. Oceanside Gymnastics.

Signature of Parent or Legal Guardian

Print Name

Date