

Registration/Waiver

PART 1

Participant's Name _____ M F Who can assume responsibility for you or your child in an emergency?
 Date of Birth _____ Age _____ Name _____ Phone _____
 Participant's Name _____ M F Name _____ Phone _____
 Date of Birth _____ Age _____ Hospital Name _____ Phone _____
 Allergies and medications: _____ Physician Name _____ Phone _____

>>> *Please fill in the following if participant is a minor*

Person responsible for account _____ School child attends _____ Grade _____
 Drivers License # _____
 Mother _____ Cell ph. _____ Father _____ Cell ph. _____
 Home Ph. _____ Work Ph. _____ Home Ph. _____ Work Ph. _____
 Mother's email address _____ Father's email address _____
 Mailing Address _____ Mailing Address _____

PART 2

Home Address _____ Home Address _____
 Employer _____ Employer _____
 Person(s) authorized to take your child from AGA:
 Name _____ Phone _____ Name _____ Phone _____
 Name _____ Phone _____ Name _____ Phone _____
 Name _____ Phone _____ Name _____ Phone _____

WARNING: 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. You assume a risk of serious injury in the use of this equipment, but risk can be significantly reduced by always following the rules. All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries and parents or doctors will be called when necessary.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT: In consideration of being allowed to enter into the Anchorage Gymnastics Association (AGA) or participate in any party and/or program at AGA, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified above, acknowledges, appreciates and agrees to the following conditions: 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.

I hereby release, discharge, and covenant not to sue (AGA), 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 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 full force and effect.

RULES AND POLICIES I have read and understand all of the rules pertaining to the gymnastics gym/climbing wall and agree to follow each of them. If I fail to comply with any rule(s), I understand that it is immediate grounds for removal of the facility and that I do it at the risk of my safety and the safety of others around me.

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE: Signing this form authorizes AGA to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for me or my child. In the event that I cannot be contacted immediately, it is understood that a conscientious effort will be made to locate me or my child's other parent or legal guardian. I fully understand that gymnastics is a high risk sport, with a potential for bodily injury. I am responsible for medical bills incurred by me or my child while participating in this program. I understand that AGA carries the appropriate insurance coverage for licensing and operation. I understand my obligation to keep the AGA informed of my current address and phone number(s). I will assume the cost of necessary medical or surgical care.

SAFETY AND TRANSPORTATION: I, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified above understand that AGA may transport the above named in an emergency to receive medical care and to and from activities sponsored by AGA and I will assume the cost of activity and transportation. I am responsible for any injury my child sustains during any activity sponsored by AGA, and I am aware that this contract constitutes a release, which shall protect AGA, its sponsors, and all employees thereof. I further consent to emergency treatment by a physician in the event of an injury or illness while participating in an event. I hereby waive any liability to AGA for any complications arising out of such treatment. I understand all aspects of this contract.

FINANCIAL RESPONSIBILITY: All payments are due at the time of registration. Unpaid accounts are sent to a collection agency if not paid in full by the end of each session and you will be responsible for additional collection fees. A \$30 service charge will be charged on all NSF Checks.

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 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.

X _____
 Signature of Parent/Guardian/Participant _____ Date _____

Important Things to Remember: *Please read carefully*

- All participants enrolled in any program at AGA must sign in and sign out in the register at the front desk
- Immunizations and current physical examination must be up to date and on file with AGA
- Registration forms must be updated whenever your information changes (*address, phone, health, or emergency information*)
- All students must wear proper gymnastics shoes and clothing in order to participate
- All payments are due at the time of registration
- Charges for students left in the gym after their class ends: \$25 per child/half hour and \$50 per child for anything after
- There is a \$65 annual membership fee that renews each year
- All deposits are non-refundable
- No cash refunds
- A \$30 service charge will be charged on all NSF Checks
- Unpaid accounts are sent to a collection agency if not paid in full by the end of each session. You will be responsible for additional collection fees.
- A \$10 fee will be charged each time you fail to notify the office that your child will not be riding the van for the day
- Please give us two weeks notice if you plan to discontinue classes or preschool or you may be charged for the two weeks
- I have read and received a copy of the Preschool or Sports Camp and Gymnastics Manual from the Anchorage Gymnastics Association
- I understand that to ensure the safety of my child I am to sign him/her in and out everyday
- I understand that I am responsible for providing my child/children with enough nutritious food for the day (lunch and two snacks for the all-day program), gymnastics shoes (no ballet shoes), and two sets of proper gymnastics clothing (no jeans, skirts, dresses, zippers, snaps or buttons).
- AGA reserves the right to exclude a child from the facility when the emotional and physical well being of the staff and other children is in danger and all other positive methods and resources have been exhausted. This notice can come without warning if the situation warrants.
- I understand and will comply with all of the above in order to enroll my child at the Anchorage Gymnastics Association.

X _____
Signature of Parent/Guardian/Participant

Date



EMERGENCY RECORD CARD



CHILD'S INFORMATION

| | |
|--|--|
| Last Name: | Date of Birth: |
| First Name: | First Day in Care: |
| Siblings enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Custody Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

NAMES OF PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION

| | | | |
|---|----------------------|---|----------------------|
| Name: | Relationship: | Name: | Relationship: |
| Place of Employment / Other: | | Place of Employment / Other: | |
| Phone: | | Phone: | |
| Physical Home Address: | | Physical Home Address: | |
| Cell Phone: <input type="checkbox"/> ok to send text msg. | Home Phone: | Cell Phone: <input type="checkbox"/> ok to send text msg. | Home Phone: |
| E-mail Address: | | E-mail Address: | |

PERSONS AUTHORIZED TO PICK-UP CHILD – Emergency / Routine

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times. Individuals cannot be under the age of 16.

| | | | |
|-------|----------------|-------|---|
| Name: | Daytime Phone: | Cell: | <input type="checkbox"/> Emergency <input type="checkbox"/> Routine |
| Name: | Daytime Phone: | Cell: | <input type="checkbox"/> Emergency <input type="checkbox"/> Routine |
| Name: | Daytime Phone: | Cell: | <input type="checkbox"/> Emergency <input type="checkbox"/> Routine |
| Name: | Daytime Phone: | Cell: | <input type="checkbox"/> Emergency <input type="checkbox"/> Routine |

****Signature of Parent or Legal Guardian and periodic updates required on bottom of this form****

MEDICAL INFORMATION and RELEASE FOR MEDICAL CARE

| | |
|----------------------|--|
| Child's Name: | Child Care Facility: Anchorage Gymnastics Association |
|----------------------|--|

My child has **NO** ongoing health concerns, including allergies or ongoing medications

- OR -

My child has the following chronic health concerns: allergies (list all):

Asthma Diabetes Seizures or epilepsy Other (list):

My child takes the following ongoing medications:

PREFERRED MEDICAL FACILITY INFORMATION

| | |
|---|----------------------------------|
| Physician's Name: | Physician's Phone (recommended): |
| Preferred Hospital: <input type="checkbox"/> Providence <input type="checkbox"/> Regional <input type="checkbox"/> ANMC <input type="checkbox"/> JBER <input type="checkbox"/> Other: | |

I, the parent or legal guardian of _____, am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

Signature of Parent or Legal Guardian

Date Signed

Information on this Emergency Record Card must be Reviewed and Updated Semi-annually

| Date & Initial | Date & Initial | Date & Initial | Date & Initial | Date & Initial |
|----------------|----------------|----------------|----------------|----------------|
| | | | | |