

## 2019-2020 Registration/Waiver

Child's name (please print) \_\_\_\_\_ age \_\_\_\_\_ date of birth \_\_\_\_\_  
Specific health concerns \_\_\_\_\_ F M  
Gymnastics class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

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Gymnastics class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FAMILY INFO	Address _____	Home phone _____
	Town _____	State _____ Zip Code _____
	mom's name _____	dad's name _____
	mom's cell _____	dad's cell _____
	mom's email _____	dad's email _____
	additional contact person & phone _____	

My child is in excellent health and able to participate in a gymnastics program. I give him/her permission to participate in a gymnastics program.

Parent or Guardian signature \_\_\_\_\_ date \_\_\_\_\_

We the staff of Arnold's Gymnastics Academy recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

I fully understand that Arnold's Gymnastics Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the A.G.A. staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary, the calling of an ambulance for said child.

Parent or Guardian signature \_\_\_\_\_ date \_\_\_\_\_

The Arnold's Gymnastics Academy, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading instruction, birthday parties, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Arnold's Gymnastics Academy. I, my executors or other representatives waive and release all rights and claims for representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics injury. The parents should warn the child according to what the parent feels is appropriate. Arnold's Gymnastics Academy will only warn through "safety messages" and our teaching style and progressions.

Parent or Guardian signature \_\_\_\_\_ date \_\_\_\_\_

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## 2019-2020 AGA Rules and Policies

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- The AGA school year is based on a 38 week plan. Vacations and holidays have already been deducted from the tuition and will not be made up. \_\_\_\_\_ (initial)
- Monday, Wednesday, and Saturday classes have fewer weeks of scheduled classes. It is my responsibility to schedule \_\_\_\_\_ make-up classes. \_\_\_\_\_ (initial)
- If I decide to discontinue classes at any time, I will give written notice at least 2 weeks prior to my child's departure. \_\_\_\_\_ (initial)
- Missed classes may not be used to discount tuition. \_\_\_\_\_ (initial)
- In the event of my child's absence, I will call prior to my child's scheduled class. This notice will allow me to schedule a make-up class. Otherwise, I will forfeit the make-up. \_\_\_\_\_ (initial)
- I will sign up for a make-up class at least one day prior to the make-up day or my child will not be allowed into the make-up class. \_\_\_\_\_ (initial)
- 24-hour notice is required in order to reschedule a make-up class or it will be forfeited and may not be rescheduled. \_\_\_\_\_ (initial)
- If my child does not attend the make-up class, I realize it will be forfeited and cannot be rescheduled. \_\_\_\_\_ (initial)
- I understand I can only make-up one class per month. \_\_\_\_\_ (initial)
- Make-up classes can be scheduled in another class as long as there is space available. \_\_\_\_\_ (initial)
- I realize snow days are out of our control and will not be made-up. \_\_\_\_\_ (initial)

I have read and understand all of the above rules and policies and I intend to abide by all AGA rules and policies.

Parent's Name (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

Student's name(s) \_\_\_\_\_

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AGA SOCIAL MEDIA -- PLEASE CHOOSE 1 OPTION BELOW:

I give Arnold's Gymnastics Academy permission to use my child's name and/or image on any of their social media sites (i.e. AGA website, Facebook).

Please do not use my child's name or picture.

Signature \_\_\_\_\_