



Student Information & Release Form

9694 East Rita Commerce Drive: Tucson, Arizona 85747
Phone: (520) 664-1900 Online: www.SpringsGymnastics.com

Student Name _____ Date of Birth _____ Male Female

Does this child have any allergies or physical / emotional / social issues, medical conditions? NO YES If yes, please explain:

Student Name _____ Date of Birth _____ Male Female

Does this child have any allergies or physical / emotional / social issues, medical conditions? NO YES If yes, please explain:

Student Name _____ Date of Birth _____ Male Female

Does this child have any allergies or physical / emotional / social issues, medical conditions? NO YES If yes, please explain:

Student's Primary Address _____ City/State/Zip _____

Child Lives With: Both Mother Father Other: _____

Parent/Guardian Name _____ Cell Phone _____

Email Address _____ Work/Home Phone _____

Parent/Guardian Name _____ Cell Phone _____

Email Address _____ Work/Home Phone _____

Local Emergency Contact Name: _____ Cell Phone: _____

(other than yourself or parent/guardian already provided)

How did you hear about us? Friend/Family _____ Other: _____

CONSENT, RELEASE, ASSUMPTION OF RISK STATEMENT & WAIVER OF LIABILITY

Any activity involving height and/or motion creates the possibility of serious injury, paralysis and even death from landing on the neck, head and other parts of the body. Mats and pits do not eliminate this hazard. I/We fully understand and will direct the minor participant that there are risks and dangers associated with participation in gymnastics: including but not limited to bodily injury, partial and/or total disability, and death. These risks may be caused by negligence of the participant or the negligence of others and there may be other risks not known to us at this time. Springs Gymnastics, its coaches, staff and volunteers will not accept any responsibility for injuries sustained by any student during the course of any programs provided by Springs Gymnastics including but not limited to gymnastics, tumbling, or open gym. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to participate and/or allow my child to participate in the programs offered by Springs Gymnastics. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my or my child's participation. I, my executors or other representatives waive and release all rights and claims for damages that I may have against Springs Gymnastics and/or its 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 my child's or my protection. I also consent to the use of any photographs taken of my child or family while participating or attending activities and events sponsored by Springs Gymnastics.

Parent / Guardian _____ Date: _____

Please continue to the back side for additional information

PERMISSION TO TREAT AND/OR TRANSPORT

I/We fully understand that Springs Gymnastics staff members are not physicians or medical practitioners. With the above in mind, I hereby release the Springs Gymnastics staff and its volunteers to render temporary first aid to myself/ my child in the event of an injury or illness. In the event of an emergency, I give Springs Gymnastics permission to transport or contact medical emergency personnel to transport myself/ my child or ward to the nearest available source of assistance for medical and/or dental treatment as deemed necessary by Springs Gymnastics staff and/or attending medical personnel. I hereby authorize any licensed medical personnel to use appropriate procedures to aid me, my child or ward and prevent further injury and/or death. If possible, I would like to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I cannot be reached, I give permission to the emergency care physicians, support personnel, and Springs Gymnastics to do what they deem necessary in the best interest of me, my child or ward.

Family Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy # _____

TUITION, FEES, & PAYMENTS

- Springs Gymnastics operates a year-round, continuous enrollment gymnastics program. Once enrolled in a class, your child will continue to occupy a space in that class and **you will continue to be billed until you request your child be withdrawn**. Lack of attendance does not relieve you of financial responsibility.
- An annual registration fee is due at the time of initial enrollment and will be charged every 12 months. If, for any reason, you withdraw your student from class and then reenroll within that same 12-month period, you will not be required to repay the registration fee.
- Springs calculates tuition based on a 48-month calendar year, accounting for the four weeks we are closed throughout the year. Make-ups are not offered for these weeks. These weeks are not prorated.
- Tuition is prepaid. Payments are due between the 1st and the 5th of each month for the current month's classes.
- A late fee will automatically be applied to charges not satisfied in full by the 15th of each month.
- Springs Gymnastics offers AUTOMATIC PAYMENT for tuition and team fees. See the front desk staff or visit our PARENT PORTAL online at www.SpringsGymnastics.com to set-up your account and initiate recurring monthly payments.
- Springs Gymnastics does not issue refunds for paid tuition. If you must withdraw enrollment, your last class will be reflective of the paid-through date. To modify your child's schedule, see the front desk staff or email us at info@springsgymnastics.com

CLASS EXPECTATIONS & MAKE-UP POLICY

- **Arrive On-Time and Ready to Learn**
 - We encourage students to arrive 5 to 10 minutes prior to the start of class.
 - Punctuality prevents class disruptions and allows your child to participate in warm-ups that help minimize injury potential due to stresses on the body.
 - Students who arrive to the gym more than 15 minutes after class begins will be asked to schedule a make-up class.
 - Long hair needs to be pulled back tightly and students are required to be in proper work-out attire.
- **It is important for your child to attend their regular class**
 - We understand your child will miss class occasionally. In the event of an absence, we offer make-up classes based on availability.
 - Please contact the front desk to report absences and schedule make-ups. We do not schedule make-ups in advance of an absence occurring. No make-ups are provided for Team Programs.
 - If a schedule modification is necessary, we are happy to help find a different class that is more conducive with your schedule.
- While we strive to maintain instructor consistency, there will be times that your child's regular coach will be absent.
- Because all Springs Gymnastics coaches are trained to teach any class we offer, your child will receive quality instruction each and every class.
- Occasionally, classes will need to be altered for a variety of reasons. Springs Gymnastics reserves the right to cancel, combine or change classes. If changes are necessary, we will work with you to ensure a smooth transition.

Please sign below to indicate that you have read, understand and, upon enrollment, accept and agree to the above

Parent / Guardian _____ Date: _____

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For office use only: _____