

# Santa Cruz Gymnastics Center

2750 B Soquel Avenue, Santa Cruz, CA 95062

Gymnast's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gymnast's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gymnast's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Person to Call in Case of Emergency (other than parents) \_\_\_\_\_

Relationship to Gymnast \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Santa Cruz Gymnastic? \_\_\_\_\_

Does your child have any medical conditions or limitations our staff should be aware of?  
\_\_\_\_\_

## Acceptance of Santa Cruz Gymnastics Rules and Policies

### **ASSUMPTION OF RISK**

As the legal guardian of the persons listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheer-leading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Santa Cruz Gymnastics Center, Inc. programs and activities and I ACCEPT ALL RISKS associated with that participation.

### **RELEASE OF LIABILITY**

In consideration for allowing the above mentioned person(s) to use these facilities, I, on my own behalf and the behalf of the above mentioned person(s) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Santa Cruz Gymnastics Center, Inc., its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under the instruction, supervision, or control of Santa Cruz Gymnastics Center, Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

### **MEDICAL AUTHORIZATION**

In the event of an emergency I would like the above-mentioned person(s) to be taken to a hospital for medical treatment and I hold Santa Cruz Gymnastics Center, Inc. and it's representatives harmless in their execution of this action.

Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at Santa Cruz Gymnastics Center, Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

### **PUBLICITY RELEASE**

As the legal guardian of the participant listed above, I hereby consent to the use, by the SCGC Program, or anyone it authorizes, of any and all photographs, tapes, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display, and exhibition) without compensation. I also agree to the use of the participants name in connection with any such materials. I agree that such materials and negatives shall constitute SCGC property, with full right of distribution.

Parent's (Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTINUE TO NEXT PAGE FOR SCGC RULES AND POLICIES



# Santa Cruz Gymnastics Center

2750 B Soquel Avenue, Santa Cruz, CA 95062

## COVID-19

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

## Acceptance of Santa Cruz Gymnastics Rules and Policies

### **Tuition and Fees**

\*All students are required to pay an annual Membership Fee. This fee is paid at the time of enrollment and then again, every twelve months thereafter. This charge is non-transferable and non-refundable. There are no family discounts on the Membership Fee – it is a per child fee.

\*Tuition is due before the start of your first class. Once your child is registered in a class, his/her spot in the class will be automatically held for them for the next month session. If tuition has not been paid before the 1<sup>st</sup> class, your child will lose their spot in the class. **It is your responsibility to pay your child's tuition on time.**

\*If you are interested in an auto-pay option, you can sign-up for it in the office. In our autopay program, we will charge your credit card at the beginning of each month. If you register for our autopay program, you will receive a \$5.00 discount.

\*If we held your child's class spot and your child did not attend the first class and you have not paid, your child will be dropped from their class and will lose their spot in that class.

\*If your child attended the first class of the month and you have not paid tuition, your child will be dropped from their class until tuition is paid in full and a \$5.00 late fee will be charged. Once dropped from class, there is no guarantee there will be a space available in the same class. If you choose not to return at that point, we will send you a bill for the first class attended and payment will be expected promptly.

\*If you are planning on dropping at the end of the month, please email the office at info@scgym.com. We request a two week notice to give us time to fill your gymnast's class spot. Please do not rely on the coach to remember to notify the office.

### **Your Child's Class Position**

\*Once you start your child in our program and pay his/her yearly membership fee and tuition, we consider your child enrolled in our program. This means your child automatically remains enrolled in the class for future sessions until you notify SCGC in writing that you are withdrawing your child. You may withdraw and re-enroll your child at any time throughout the year your membership is active and your tuition is current.

\*You may transfer or add classes at any time throughout the year whenever and wherever space is available. These changes must be scheduled through the office.

\*If you drop your child for a period of time, but plan on returning – do not assume your child can come back to his/her original class. There may not be space available. Additionally, if your child has been absent for over 2 months, your child will need to be assessed to make sure skills, strength and flexibility have not been lost.

### **Make-Up Classes**

\*Due to the state and county guidelines and the limited numbers of gymnasts allowed in the gym, we cannot offer make ups at this time.

### **Be 10 minutes early to class:**

\*Due to our new check-in guidelines and to make sure we start class on time, please make sure your gymnast arrives 10 minutes early to class. Your gymnast should be dressed and ready to go as we cannot allow gymnasts to change in our bathrooms.

### **Other Policies**

\*APPAREL: A leotard is recommended for girls. Girls may also wear leggings, stretchy shorts and t-shirts or sweats. Log hair must be tied back. Jewelry should not be worn. Boys should wear stretch shorts and t-shirts or sweats. Clothing should be free of buttons, snaps and zippers.

**I understand and agree to abide by the Rules and Policies of SCGC**

Parent's (Guardian's) Signature \_\_\_\_\_ Date: \_\_\_\_\_