



2024 Fall Gymnastics Registration Form

Rev.7-25-24

Fall Session:
August 12- December 13

NO CLASSES ON:
Monday, September 2- Labor Day
October 4-11- Fall Break
November 27-29- Thanksgiving Break

Gymnastics Showcase will be held the week of December 16. Be on the look out for more information in November.

Twinklers- Preschool Gymnastics (Ages 3 & 4) 1 class/wk

<input type="checkbox"/>	Monday	1:00 - 1:45pm	Denise	\$50 per month
<input type="checkbox"/>	Monday	3:00 - 3:45pm	Kayla	\$50 per month
<input type="checkbox"/>	Wednesday	3:00 - 3:45pm	Kayla	\$50 per month

Sparklers - Beginning Gymnastics (Ages 5 & Up) 1 class/wk 2 classes/wk

<input type="checkbox"/>	Monday	5:00 - 5:50	Denise	\$60 per month	\$80 per month
<input type="checkbox"/>	Monday	6:00 - 6:50	Denise	\$60 per month	\$80 per month
<input type="checkbox"/>	Tuesday	1:00 - 1:50pm	Denise	\$60 per month	\$80 per month
<input type="checkbox"/>	Tuesday	5:00 - 5:50	Denise	\$60 per month	\$80 per month
<input type="checkbox"/>	Tuesday	3:00 - 3:50pm	Denise	\$60 per month	\$80 per month
<input type="checkbox"/>	Wednesday	3:00 - 3:50pm	Morgan	\$60 per month	\$80 per month
<input type="checkbox"/>	Wednesday	3:00 - 3:50pm	Mikayla	\$60 per month	\$80 per month
<input type="checkbox"/>	Wednesday	4:00 - 4:50pm	Mikayla	\$60 per month	\$80 per month

Rising Stars- Intermediate Gymnastics 1 class/wk 2 classes/wk

<input type="checkbox"/>	Tuesday	4:00 - 4:50pm	Morgan	\$65 per month	\$85 per month
<input type="checkbox"/>	Tuesday	5:00-5:50pm	Morgan	\$65 per month	\$85 per month
<input type="checkbox"/>	Wednesday	3:00 - 3:50pm	Mikayla	\$65 per month	\$85 per month

Super Stars- Advanced Gymnastics 1 class/wk 2 classes/wk

<input type="checkbox"/>	Tuesday	6:00-6:50pm	Morgan	\$65 per month	\$85 per month
<input type="checkbox"/>	Wednesday	4:00 - 4:50pm	Mikayla	\$65 per month	\$85 per month

Team - Invitation Only

<input type="checkbox"/>	Pre-Team (Tuesday's)	Mikayla	\$85
<input type="checkbox"/>	2 Days/ week	Pam	\$100
<input type="checkbox"/>	3 Days/ week	Pam	\$125

Tumbling- High School Only

<input type="checkbox"/>	Tuesday	4:00-5:00pm	Pam
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Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parents Name: _____ Parents Email: _____

Class Level: _____ Class Day (s)/ Time: _____

*If you wish to drop out of a class, you must sign a drop-out form in the front office so that you will no longer be charged. You will be responsible for paying all fees until a drop-out form is filled out and returned to the front office.

*All monthly payments are due by the 10th of every month. A \$10 late fee will be charged if payment is not made by the 10th.

* \$25 membership plus the first month of gymnastics payment MUST be paid before the first day of class.

* Parents are allowed in the center to view ONLY the weeks of August 26-30, September 23-27, October 21-25, & November 18-22. Please review the parent viewing guidelines.

* A leotard **MUST** be worn to participate in a class!

* Please review the check in/out procedures

* Your child **MUST** be picked up by the end of class time as designated above. If you are late, you will be charged \$1 per minute that you are late. If being late becomes a reoccurring problem, your child will no longer be able to participate in the gymnastics program.



2024 Enrollment Form



Member Information:

Member Name: _____ Age: ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Grade: _____ School: _____

Allergies: _____

Disabilities: _____

Parents/Guardians: (parent #1 is considered the custodial parent)

Parent/Guardian #1: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Parent/Guardian #2: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Emergency Information: If custodial parent/guardian is not available in an emergency, we will notify the following

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____



2024 Enrollment Form



The following people may pick my child up from Girls Inc.

Demographic Information

The following information is needed for statistical purposes only and is strictly confidential.

<u>Ethnic background</u>	<u>Family Income</u>	<u>Child lives with</u>
<input type="checkbox"/> White	<input type="checkbox"/> under \$10,000	<input type="checkbox"/> both parents
<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$10 - 15,000	<input type="checkbox"/> mother only
<input type="checkbox"/> Hispanic / Latina	<input type="checkbox"/> \$15 - 20,000	<input type="checkbox"/> father only
<input type="checkbox"/> Asian	<input type="checkbox"/> \$20 - 25,000	<input type="checkbox"/> one parent at a time
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> \$25 - 30,000	Other _____
	<input type="checkbox"/> \$30 - 50,000	
	<input type="checkbox"/> More than \$50,000	

Parental Authorization

I authorize Girls Inc. staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury, I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I also agree to accept full financial responsibility for any injury that my child may incur as a result of her participation. I further agree to release from and to indemnify for any liability, now and hereafter, for any injury my child may incur as a result of her participation in the program activity, Girls Incorporated of Shelbyville/Shelby County, their employees, officers, and volunteers. I make this agreement on behalf of my heirs, my estate, and myself. I understand that Girls Inc. personnel will contact me as soon as possible regarding any emergency involving my child.

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated programs. (park, field trips...etc.)

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page, or other promotional publications.

I agree to pay and be fully responsible for any and all fees and expenses incurred by my child related to her participation or involvement in any activities associated with Girls Incorporated, including but not limited to: before and after-school programs, holiday breaks, sports leagues or activities, gymnastics, field trips, summer camps, and any other activities in which my child participates through Girls Incorporated. I further agree that in the event collection proceedings are necessary to collect any unpaid fees or expenses which I owe that I will be responsible for payment of any attorney's fees and expenses incurred by Girls Incorporated to collect all outstanding amounts.

I understand that Girls Inc. can use a program called Professional Crisis Management (PCM) and that there are Girls Inc. staff who are certified in this protocol and have the right to use it if any safety concerns or crisis situations arise. Disclaimer: PCM is only used in extreme safety situations.

I hereby declare that all above information is correct, and I will be responsible for providing Girls Inc. with any information that changes throughout the year.

Signature / Parent-Guardian

Date

SPORTS WAIVER

CHILD'S NAME _____ SPORT _____

Read the following carefully and sign below. NOTE: Parents signs if student is under 18 years of age.

Athlete Membership Agreement and Information Club Waiver and Release Form

Fill in all blanks, submit form for current year's sports area. One form signed will cover all sports leagues and gymnastics.

AGREEMENT

In consideration of my membership in Girls Incorporated, and my participation in Girls Inc. classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Girls Incorporated.
2. **Medical Attention:** I hereby give my consent to Girls Incorporated and/or the Host Organization to provide, through a medical staff of its choice, customary medial/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **Readiness to Participate:** I will only participate in those Girls Inc. classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in sporting activities and events. 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. Girls Incorporated, its coaches, other staff members, Board of Trustees, and volunteers will not accept responsibility for injuries sustained by any student during the course of any sporting event. Or in the course of any exhibition, competition, or clinic in which he or she may participate or 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 Girls Incorporated of Shelbyville/Shelby County. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated 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 that 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 sports and injury. The parent should warn the child according to what the parent feels is appropriate. Girls Incorporated of Shelbyville/Shelby County will only warn the child through "Safety Messages" and our teaching style and progressions.

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

Parent or Guardian Signature: _____ Date _____

Parent Viewing Weeks

August 26-30, September 23-27, October 21-25, & November 18-22

Check In/Out Procedures

To improve the flow of traffic in our parking lot, please note the following drop-off and pick-up procedures:

All gymnasts will check in with their coach when arriving for gymnastics class.

Parents/guardians picking their girls up from gymnastics should park at the gymnastics doors by our greenhouse. Staff will bring your girl out to you when their class is over.

Please note, girls are not allowed to leave the building without a parent/guardian.

Parent Viewing Guidelines

Please follow Girls Inc. rules when in the gymnastics room:

- Parent viewing is only permitted during one full week of each month. Parents/guardians will not be permitted in the gymnastics room any other time.
 - **Gymnasts are allowed to bring no more than 2 people with them to view.**
- Parents/families are not to go on the gymnastics floor or equipment. Spectators must stay on wooden floor behind black line dividers.
 - **Small children/siblings are not to be on the gymnastics mats/equipment.**
- Please do not block doorways that go in and out of the gymnastics room.
- Please stay out of the gymnastics coach's office.
- If you bring food/drinks to the gym, throw away all trash and clean up any spills!
- Please no flash photography or videoing as it could be hazardous to gymnastics.