

Airborne Gymnastics Academy - Student Information Form

Date: ____/____/____

Student's Name: _____ Date of Birth: ____/____/____

Home Phone #: (____) ____-____ Work: (____) ____-____ Other: (____) ____-____

Email Address: _____

BILLING INFORMATION:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Previous Experiences: (describe briefly)

Fill out the information below so we may act quickly in the event of an accident.

Who to call if parents cannot be reached:

Name/Relation: _____ Phone #: (____) ____-____

Name/Relation: _____ Phone #: (____) ____-____

Doctor's name: _____ Phone #: (____) ____-____

Medical Insurance Co.: _____ Policy #: _____

Any intolerance to drugs or medication?

Any previous illness or injury the staff should be aware of?

If so, are there any restrictions?

Airborne Gymnastics Academy – Rules & Policies

Payments: Payments are due at the first lesson of each month. After the 15th there is a \$10.00 late fee.

Uniforms: Girls should wear one-piece leotards and boys should wear shorts and T-shirts. However, spandex shorts and shirts may be worn. No baggy clothes or jeans, shorts, or pants with belts or buckles may be worn. Hair must be tied away from the face. Nothing on their feet and no jewelry is allowed in class.

Withdrawals: Parents must give a two-week written notice prior to withdrawing a student from the class. Otherwise, parents will be billed for the entire month.

Make-ups: No credits or refunds will be given for classes not attended. Students may make-up any class missed. Missed lessons must be made up within 30 days.

Valuables: Valuable items should not be brought to the gym. Airborne will not be responsible for lost or stolen items.

Holidays: Holidays will include: Winter break (Christmas/New Years), Good Friday, Memorial Day, Independence Day, Summer Break, Labor Day, Thanksgiving.

Classes: Classes will start on time. Do not drop off student more than 15 minutes prior to the beginning of the class. Students must be picked up on time.

Visitors: Visitors must sit quietly in the designated areas. Please do not talk to or otherwise distract the children participating in the class. Any interruptions could result in serious injury.

I have read, and I agree to abide by the above rules and policies.

Signed: _____ Date: ____/____/____

How did you hear about Airborne Gymnastics Academy? _____

Club Waiver and Release Form

I fully understand that Airborne Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Airborne staff to render temporary first aid to my child or children in the event of an injury or illness, and if deemed necessary by the Airborne staff to call our doctor and seek medical help, including transportation by an Airborne staff member and its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Airborne staff deem this to be necessary.

Parent or Guardian Signature: _____ Date: ____/____/____

We, the staff of Airborne Gymnastics 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 karate. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Cheerleading, and Karate can be dangerous and can lead to injury!

Parents should make their child aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The Airborne Gymnastics Academy, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, or karate instruction, or open workouts, 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 Airborne Gymnastics Academy. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Airborne Gymnastics Academy 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 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, tumbling, cheerleading, or karate and injury. The parent should warn the child according to what the parent feels is appropriate. Airborne Gymnastics Academy will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date: ____/____/____

Emergency Medical Treatment Statement

I, the parent / guardian (circle) of _____, give permission for emergency medical treatment of my child if I cannot first be contacted.

Telephone numbers:

Day (____) _____ - _____ Night (____) _____ - _____ Emergency (____) _____ - _____

Parent / Guardian's Signature: _____

Date: ____/____/____