



APPLICATION FOR MEMBERSHIP

Please read, fill out and sign the front and back of this document.

Students Name: _____ Birth Date: _____ Age: _____

Allergies: _____ Medications: _____

Other Medical Conditions or Concerns: _____

Student #2 Name: _____ Birth Date: _____ Age: _____

Allergies: _____ Medications: _____

Other Medical Conditions or Concerns: _____

Student #3 Name: _____ Birth Date: _____ Age: _____

Allergies: _____ Medications: _____

Other Medical Conditions or Concerns: _____

Mother/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother Address: _____ City: _____ Zip: _____

Email Address: _____ Mother's Occupation: _____

Father/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father Address: _____ City: _____ Zip: _____

Email Address: _____ Father's Occupation: _____

Who is financially responsible for payment? _____ Phone #: _____

Emergency Contact Person: _____ Phone Number: _____

Insurance: _____ Policy #: _____

Doctor Name: _____ Phone Number: _____

Previously enrolled at Santa Rosa Gymnastics Center? () Yes () No

Referred by: _____

How did you hear about our program? _____

Are you a member of any other gymnastic club or cheer team? _____ If so, who? _____

FOR OFFICE USE ONLY

Student #1	Start Date: _____	Day: _____	Time: _____	Teacher: _____	Category: _____
Student #2	Start Date: _____	Day: _____	Time: _____	Teacher: _____	Category: _____
Student #3	Start Date: _____	Day: _____	Time: _____	Teacher: _____	Category: _____

ASSUMPTION OF RISK-RELEASE OF LIABILITY-INDEMNITY AGREEMENT

THIS AGREEMENT is in favor of the SANTA ROSA GYMNASTICS CENTER and DARCIE FELOWS, their respective employees, agents and instructors. To induce them or any of them to permit the undersigned and/or any minor children of the undersigned to receive instruction and utilize equipment owned or operated by the SANTA ROSA GYMNASTICS CENTER in gymnastic or cheer training and instruction or instruction of any other programs offered by SANTA ROSA GYMNASTICS CENTER. I/we recognize that gymnastics, cheer and the travel associated therewith involve a high degree of risk of personal injury and I/we hereby assume the risk of all such injuries whether to myself or to any of my minor children in engaging in any or all such activities with SANTA ROSA GYMNASTICS CENTER. I/we hereby voluntarily and knowingly execute this release and agree to defend and indemnify SANTA ROSA GYMNASTICS CENTER and DARCIE FELLOWS, their respective employees, agents and instructors, of any and all claims, demands and liabilities for injury to the undersigned and/or minor children arising out of said activities. I/we also hereby authorize medial treatment be administered to the undersigned and/or minor children by a licensed doctor or medical technician immediately without having to wait until I/we are contacted.

It is the intention of this document that the undersigned assumes all risk of injury to the undersigned and/or the minor children of the undersigned. SANTA ROSA GYMNASTICS CENTER and DARCIE FELLOWS are to be free of all liability and damages for any such injuries and be indemnified defended and held harmless by the undersigned for all risks and damages associated therewith.

I fully understand that SANTA ROSA GYMNASTICS and ELITE CHEER staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release SANTA ROSA GYMNASTICS CENTER staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by SANTA ROSA GYMNASTICS CENTER staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should SANTA ROSA GYMNASTICS CENTER staff deem this to be necessary.

We, the staff of SANTA ROSA GYMNASTICS CENTER recognize our obligation to make our student and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading, and dance can be dangerous and can lead to injury, paralysis and even death.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction. SANTA ROSA GYMNASTICS CENTER, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case 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 SANTA ROSA GYMNASTICS CENTER. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against SANTA ROSA GYMNASTICS CENTER and DARCIE FELLOWS 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 and injury. The parent should warn the child according to what the parent feels is appropriate. SANTA ROSA GYMNASTICS CENTER staff will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

**SANTA ROSA GYMNASTICS CENTER &
SANTA ROSA ELITE CHEER POLICIES**

PLEASE READ, SIGN AND FILL OUT

Student's Name(s): _____

- First session's tuition are due prior to class participation.
- **Drop Policy:** If our office fails to receive 14-day notice, you will be responsible to pay tuition for that session. If our office fails to receive payment by the 3rd week of the session, the student will not be able to participate in classes.
- **Re-Enrollment fee:** There will be a \$10 re-enrollment fee if you fail to give SRGC/SREC 14-day notice of dropping or if you have not paid by the end of the 3rd week of each session.
- **Family Discount:** A 10% discount on tuition is applicable for the second and each additional sibling. This discount will apply to the lowest tuition rate.
- **Make-Ups:** For each 4-week session, there will be only one, make up allowed. Please schedule all make up within 4 weeks of missed class. Schedule all makeup's with our office staff. If you are not able to attend the scheduled make-up, please notify our office prior to the class, or it will be marked as a missed class. Make-ups are not transferable to the following session's tuition. **WE DO NOT PRORATE FOR MISSED CLASSES.**
- **Payments:** All payments are due by the end of the first week of each session to receive the early bird rate. Any payments made during the second of the session will receive the regular monthly rate. If no payment has been received by the third week of the session there will be a \$20.00 late fee charged to your account. If no payment is received after the fourth week of the session, SRGC/SREC will drop all classes for the student, if this happens there will a \$10 reenrollment fee to reenroll your child. SRGC/SREC will not bill unless payment is overdue by 1 session. *For Cheer Teams: If you do not pay by the end of the third week of the session, SREC will send a notice of probation. There will be only one probation notice given during the year. If after you receive the probationary notice and payment is, still delinquent by the end of second delinquent session SREC may pulled the student from all classes and competitions.*
- There is a \$20.00 charge for all returned checks. We will redeposit the check.
- There is a \$25.00 service fee for any account that is sent to our collections department.
- **Warm-ups:** All classes begin with a warm up and stretching that helps reduce the risk of injury. A makeup class may be schedule for any student who is 10 minutes or later late to class.
- **Holidays:** If your class falls on a holiday in which the gym is closed, you may schedule a make-up for that class. It will not count as your one allowed make-up. We do not prorate for holidays.
- **Viewing:** Parents and visitors may view classes from the observation area only! Toddlers and siblings must remain in the observation area at all times. Adult supervision must be present, at all times, to any minors. There is no running or rough housing allowed in the observation area.
- **Safe Attire:** All children must wear a leotard, short or sweatpants (with no buttons, zippers or snaps), a T-shirt (tucked into the shorts/pants), Tank tops must have a 1 inch strap. All hair shoulder length or longer must be tied back.
- **Illnesses:** We allow 1 make up per 4-week session. If for some reason your child has an illness/epidemic that is highly contagious (i.e. staff infection, lice, fevers); we ask that you keep your children at home until they have been illness free for 48 hour.
- **Conflict of Interest:** If your child is currently or will be going onto another Cheerleading or Gymnastics competitive team; due to conflict of interest we will be unable to allow your child to continue to do classes and or private lessons at SRGC/SREC.
- **TEAM:** If your child has been on another team in Sonoma County we will be calling the other gym to let them know you are with our team and to see if there is any outstanding balances on your account. If there is an outstanding balance at another gym, your child will not be allowed to participate on our team until payment is paid in full to the other gym. **Team is a year long commitment tuition is due weather you are here or not. WE DO NOT PRORATE! If you drop from team you will not be allowed to come back to team until the competition year is over.**

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

PARENT NAME: _____

CHILDS NAME: _____

Office Use

PARENT #1 _____

SESSION	AMOUNT	DATE	CHECK #	CASH/VISA/MC	BILLED AMT	COUPON
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Winter						

PARENT #1 _____

SESSION	AMOUNT	DATE	CHECK #	CASH/VISA/MC	BILLED AMT	COUPON
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
winter						

ATHLETE'S NAME: _____

SAFETY RULES FOR SRGC AND SREC

1. No running.
2. *Athletes only* on carpeted areas.
3. Any hair past your shoulder must be tied back
4. Must wear clothing with no buttons, zippers or snaps and should be form fitting
5. No glass containers in gym.
6. No one allowed on equipment without approved supervision.
7. No spectators allowed on carpeted or matted areas.
8. No horseplay allowed in gym at any time.
9. All children and minor spectators **must** have adult supervision at all times.
10. *Members only* allowed to use equipment, and only when supervised by a gym instructor.
11. No food or drink allowed on carpeted or matted areas.
12. Athletes need to be seated while waiting for classes.
13. Keep noise at a minimum level.
14. No screaming, yelling, or loud outbursts.
15. No gymnastics or dance on cement areas.
16. No one allowed on carpeted or matted areas without the supervision of a gym instructor.
17. Smiling is heavily enforced!!!
18. NO Adults allowed on any of the equipment.

Safety rules are also posted in the gym.

IN: _____

Health Questionnaire

1. Has a doctor ever told the student they have a heart condition and recommended only medically supervised physical activity? YES NO
2. Does the student have chest pains brought on by physical activity? YES NO
3. Does the student tend to lose consciousness or fall over as a result of dizziness? YES NO
4. Has a doctor ever recommended medication for the student's blood pressure, heart condition, or other disorders that could influence their ability to perform gymnastics? YES NO
5. Does the student have a bone or joint problem that could be aggravated by gymnastics? YES NO
6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against the student exercising without medical supervision? YES NO
7. Has the student developed chest pain within the past month? YES NO
8. Has the student ever had a neck injury, head injury, or concussion? YES NO
9. Is the student currently or recently recovering from a significant illness (e.g. flu, mononucleosis, pneumonia, etc.)? YES NO

IF YES EXPLAIN: _____

10. Does the student have a convulsive disorder? YES NO
11. Does the student have uncontrolled asthma? YES NO
12. Does the student have an infectious skin disorder? YES NO
13. Does the student have a history of a liver disorder, spleen disorder, kidney disorder, or detached retina? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A DOCTORS RELEASE MUST BE ISSUED TO BEGIN CLASSES. WE WILL NEED A COMPLETE COPY OF THE DOCTORS RELEASE.

IN: _____

Minor Release Form

Name of Parent/Guardian: _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the release's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against Santa Rosa Gymnastics Center, Santa Rosa Elite Cheer and owner Darcie Fellows any of these releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I also promise to abide by all the gym rules: including wearing correct dress code, which is tight-fitting clothes (no zippers or snaps) and to have all loose hair tied back.

IN: _____

I have read and understand the above safety rules, health questionnaire, and minor release form.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

ATHLETE MEMBERSHIP AGREEMENT AND INFORMATION

AGREEMENT

In consideration of my membership to Santa Rosa Gymnastics Center and Elite Cheer, and my participation in Santa Rosa Gymnastics Center and Elite Cheer classes, events, competitions, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Santa Rosa Gymnastics Center and Elite Cheer.
2. **Readiness to Participate:** I and my child/children will only participate in those Santa Rosa Gymnastics Center and Elite Cheer classes, events, competitions and activities for which I believe myself or my child/children are physically and psychologically prepared. Prior to participation I or my child/children will have practiced the exercise and will perform only those exercises which we have accomplished to the degree of confidence necessary to assure we can perform them by ourselves, and without injury.
3. **Medical Attention:** I hereby give my consent to Santa Rosa Gymnastics Center and Elite Cheer to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
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 gymnastics activities and events. I further agree that Santa Rosa Gymnastics Center and Elite Cheer, and any sponsor of Santa Rosa Gymnastics Center and Elite Cheer event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damage occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

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

I am a citizen of the United States of America: () Yes () No

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Santa Rosa Gymnastics Center and Elite Cheer.

Print Name of Athlete/Parent/Guardian: _____

Signature of Athlete/Parent/Guardian: _____ Date: _____