



Tri-Star Gymnastics Registration 2010

New _____
Returning _____

FAMILY INFORMATION

Parent Last Name: _____ First Name: _____ Cell: _____

Parent Last Name: _____ First Name: _____ Cell: _____

Home Phone: _____ Emergency Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Email: _____ Other Email: _____

STUDENT INFORMATION

Student's Name: _____ *Gender:* ___ *Birth date:* ___/___/___

Class Code: _____ *Class Name* _____ *Day & Time* _____

Second Choice: _____ *Session* *Fall 1 Winter 1 Winter 2 Spring 1 Mini-Session*

Does your child have any medical conditions of which we should be aware? _____

Student's Name: _____ *Gender:* ___ *Birth date:* ___/___/___

Class Code: _____ *Class Name* _____ *Day & Time* _____

Second Choice: _____ *Session* *Fall 1 Winter 1 Winter 2 Spring 1 Mini-Session*

Does your child have any medical conditions of which we should be aware? _____

Student's Name: _____ *Gender:* ___ *Birth date:* ___/___/___

Class Code: _____ *Class Name* _____ *Day & Time* _____

Second Choice: _____ *Session* *Fall 1 Winter 1 Winter 2 Spring 1 Mini-Session*

Does your child have any medical conditions of which we should be aware? _____

How did you hear about our facility? ___ *Parent Magazine* ___ *Signs* ___ *Website* ___ *Birthday Party*
 ___ *Enrolled family* ___ *Other (Please specify):* _____

School child/ren attends: _____

Policies and Procedures

Children will be registered for their class as soon as all paperwork is correctly and completely filled out, turned in and payment is received in full. Registration for each session begins two weeks prior to the start date and class enrollment is based on a "first-come-first-served" basis. Prior enrollment in a class DOES NOT guarantee space in that class for the next session, so be sure to register as soon as possible! In the event that your first choice of class has reached capacity, or your first choice does not meet ratio standards, your child will be enrolled into your next available selection. You will be contacted immediately if this situation arises.

Enrollment procedures must be completed at least three (3) days prior to the athlete's first day of participation. Weeks missed during the session will not be pro-rated unless otherwise specified. Each athlete is able to make up one (1) missed class during a session. Make-ups must be scheduled three (3) days in advance of the desired make-up class period and all make-ups must be completed within the current session. If Williamson County schools are closed due to inclement weather, Tri-Star Gymnastics will also be closed for all classes and special events. Make-ups will not be available for these situations as they are out of Tri-Star's control, unless otherwise specified.

Sibling discounts are applied upon registration as follows: 2nd Child – 10% off, 3rd Child – 20% off, +4th Child – 25% off. Discounts will be applied to the lowest tuition cost and will be applied in ascending order.

An annual membership fee is required for all Tri-Star Gymnastics participants and remains current for one calendar year. Rates are available for individual children as well as the family. Should a second child join after the individual registration has been paid, you will be charged only for the difference from the family rate.

All class participants are required to wear active clothing free of zippers, buttons, jean material or loose fabric. Hair should be pulled back from face and out of harm's way. Failure to arrive in appropriate clothing may result in your child being removed from class until proper attire is worn.

Tri-Star Gymnastics may take photos, video or interview class participants on occasion. By signing this form, you are agreeing to waive all rights and royalties associated with such media and are giving permission to Tri-Star Gymnastics to use all media.

Tri-Star Gymnastics Waiver and Release Form

By nature, the pursuits of gymnastics, cheerleading and related activities carry the risk of physical injury. I recognize that severe trauma, including permanent paralysis or death can occur in sports or activities involving height and/or motion. These activities include (but are not limited to) gymnastics, tumbling, trampoline, dance, cheerleading and fitness. Mats, foam pits and safety equipment are provided for the student's protection, including the active participation of a coach or teacher, however, this may be insufficient to prevent serious injury.

Being fully aware of these dangers, I hereby give consent for my child/ren to participate in any and all Music City Gymnastics, Inc., dba Tri-Star Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

In any event of an accident or emergency, I hereby authorize my child to be transported to a hospital for medical treatment and I hold Music City Gymnastics Inc., dba Tri-Star Gymnastics, Carrel McCullar and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child/ren as a result of any injury sustained while participating at or for Music City Gymnastics Inc., dba Tri-Star Gymnastics. I fully understand that Music City Gymnastics Inc., dba Tri-Star Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Music City Gymnastics Inc., dba Tri-Star Gymnastics staff to render first aid to my child or children in the event of any injury or illness and if deemed necessary by the Music City Gymnastics Inc., dba Tri-Star Gymnastics staff to call our doctor and seek medical help or the calling of an ambulance for said child should Music City Gymnastics Inc., dba Tri-Star Gymnastics staff deem this to be necessary.

I also affirm that 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 it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury. The parent should warn the child according to what the parent feels is appropriate. Music City Gymnastics Inc., dba Tri-Star Gymnastics will only warn the child through safety messages, our teaching style and progressions.

In Consideration of my child/ren's participation I hereby (for myself and for my child/ren and our respective heirs and successors) COVENANT NOT TO SUE and FOREVER RELEASE Music City Gymnastics Inc., dba Tri-Star Gymnastics and Carrel McCullar (landlord), their officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence on the part of Music City Gymnastics Inc., dba Tri-Star Gymnastics, it's owners, officers, agents or employees.

I have read and understand the policies, procedures, risks and terms explained above and I accept the risks and terms with my signature.

Parent Signature: _____ **Date:** _____