

# GYMNASTICS UNLIMITED, INC.

34016 9TH AVENUE SOUTH, SUITE D-5, FEDERAL WAY, WA 98003

(253) 815-0998~GU@GymnasticsUnlimitedUS.com~www.GymnasticsUnlimitedUS.com

## United States Gymnastics Federation MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

In CONSIDERATION of membership in the United States Gymnastics Federation, hereinafter referred to as the "USGF, USAG, USAIGC", and being allowed to participate in USGF, USAG, USAIGC events and/or member club activities, the parents(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardians) to and will instruct the minor participating in any USGF, USAG, USAIGC and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USGF, USAG, USAIGC Gymnastics Safety Guidelines.
3. I/We fully understand and will instruct the minor participating in gymnastic events and activities including:
  - a. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
  - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/we accept assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of the USGF, USAG, USAIGC, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USGF, USAG, USAIGC and/or its member clubs.
6. I hereby grant permission for photographs and video clips of my child to be taken and used in news stories, advertisement, the website, and gymnastics publications inside and outside of Gymnastics Unlimited, Inc.

### I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY

\_\_\_\_\_  
PRINTED NAME OF PARTICIPATING GYMNAST

\_\_\_\_\_  
SIGNATURE OF PARTICIPATING GYMNAST

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
WHAT SCHOOL DOES YOUR PARTICIPATING GYMNAST ATTEND?

\_\_\_\_\_  
DATE

## FRONT AND BACK MUST BE FILLED OUT

<b>OFFICE USE ONLY:</b>	TRIAL CLASS	M	T	W	TH	11:00	4:15	4:30	5:15	5:30	6:15	6:30	7:00	_____
	REGISTERED CLASS	M	T	W	TH	11:00	4:15	4:30	5:15	5:30	6:15	6:30	7:00	_____

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## GYMNAST'S INFORMATION

FIRST Name	MI	LAST Name	Date of Birth
Health concerns (fainting, vision, asthma, diabetes, epilepsy, allergies, hearing, etc.)			Gender
Primary Care Physician's Name			PCP's Phone
Current Health Insurance Provider			

## OTHER PARTICIPATING CHILD(REN)

FIRST Name	MI	LAST Name	Gender	Date of Birth
FIRST Name	MI	LAST Name	Gender	Date of Birth
FIRST Name	MI	LAST Name	Gender	Date of Birth

## PARENT/GUARDIAN INFORMATION

Mother's FIRST Name	MI	LAST Name		
Father's FIRST Name	MI	LAST Name		
Mother's Employer		Father's Employer		
Home Address				
City			State	Zip
Home Phone		Alternate Phone	Contact Name	
Cell Phone		Contact Name		
Work Phone		Contact Name		
Emergency Phone		Contact Name/Relation		
E-mail Address(es)				
How did you find us? Please circle one.				
Instructor Recommendation		Internet		USA Gymnastics
Member Recommendation		Facebook		Other _____

**By initialing to the left of each guideline below I indicate that I have read and understood the material:**

- \_\_\_\_\_ Initial 1. There is an annual registration fee of \$30.00 per family. **NO PRORATING.**
- \_\_\_\_\_ Initial 2. There are no refunds for any reason. However, make-ups will be allowed, if space is available within 30 days, except in the case of prolonged illness or injury. **NO PRORATING.**
- \_\_\_\_\_ Initial 3. Unless cancellation notice is given to the office, I will be billed for class each month.
- \_\_\_\_\_ Initial 4. **Tuition is due the first class of each month.** After the first class a \$5.00 late fee will be assessed. Accounts including tuition, gym fees, and registration fees will not be carried past 30 days. If accounts remain unpaid, the child(ren) will not be allowed to participate.
- \_\_\_\_\_ Initial 5. All children in the viewing area must be closely *supervised at all times* and not left alone. They may not use any of the equipment for play, gymnastics, etc.
- \_\_\_\_\_ Initial 6. No flash photography allowed.
- \_\_\_\_\_ Initial 7. Parents/Guardians are responsible for children before and after class. You must promptly pick up your child(ren) after class.