

Premier Gymnastics Registration Form

Gymnast Name: _____ Male/Female

Date of Birth: _____ Class Name: _____

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Date of Birth: _____ Class Name: _____

Home Phone Number: _____

Billing Address: _____

Email Address: _____

Mother's Name: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____

Who referred you?: _____

Emergency Contact Name & Phone Number: _____

Primary accident/medical insurance co: _____

Family Doctor/Number: _____

Health Issues: _____

FOR OFFICE USE ONLY:

Trial _____

Active _____

Enrolled

Charged

General Rules:

1. Be prepared for class and wait on the bench for your instructor.
2. Wear only tight-fitting clothes. No buttons, buckles, socks or jewelry.
3. Long hair must be tied back.
4. Look both ways before crossing any mat or runway in the gym.
5. Parents and siblings MUST remain in the waiting area.
6. Please enter the gym through the front door and follow all parking guidelines.
7. NO refunds or prorates are given for missed classes. Makeups must be scheduled within 2 weeks of missed lesson.
8. There is an annual registration fee due upon sign up and January 1st thereafter. This fee defrays administrative costs.
9. **If dropping, kindly give written notice 2 weeks prior TO THE END OF THE MONTH. If you choose to drop midway through a month, no refunds are given.**
10. Please remember that gymnastics is a hands-on sport, and your child's instructor may be required to assist them in this way.

Parental Consent:

In consideration of participation a Premier Gymnastics I represent that I understand the nature of this activity and that I or my child is qualified, in good health, and in proper physical condition to participate in such activity, I acknowledge that if I or my child believe event conditions are unsafe, I or my child will discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by me or my child's actions, or inactions, those of others participating in the event, the conditions in which the event takes place, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I or my child may incur as a result of his/her participation in the activity. I further acknowledge, understand, appreciate and agree that my or my child's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for participation and exposure. I hereby release, discharge, and covenant not to sue Premier Gymnastics, its representatives, directors, agents, officers, volunteers, and employees. I will save and hold harmless Premier Gymnastics from any loss, liability, damage, or cost which may incur as the result of a claim. I hereby give permission for pictures of my son/daughter to be posted on PGR Website or Facebook in accordance with our standards and practices. By signing I also understand that I am liable for any monetary amounts that accrue on my account by participating in activities, administrative costs or any late fees that I am charged. I also agree to pay my account by the due date, if this does not happen I agree to pay all costs of collection, court costs, and attorney fees should I not pay my account in full.

Printed name of participant

Signature of participant

Printed name of guardian

Signature of guardian

Date

Sign up on Parent Portal to have account access
www.premiergymnasticseast.net

