



PARK CITY GYMNASTICS LTD.
 170-16 39th Avenue, Flushing, N.Y. 11358
 (718) 463-1511 - Play@ParkCityGymnastics.com

Athletic Membership Registration Form

Student Information (Please fill out all applicable fields)

Previous Member: Yes No

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>
Home Address <input style="width: 95%;" type="text"/>	City <input style="width: 45%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 20%;" type="text"/>
Home Phone <input style="width: 95%;" type="text"/>	Birth Date <input style="width: 25%;" type="text"/> Age <input style="width: 10%;" type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female

If you wish to be contacted by email about gym closures, special events, and registration, please provide email below:

*Email

*If participant is under the age of 18, this information is required:

Parent #1 Name <input style="width: 95%;" type="text"/>	Occupation <input style="width: 95%;" type="text"/>
Cell Phone # <input style="width: 95%;" type="text"/>	Alt. Phone # <input style="width: 95%;" type="text"/>
Parent #2 Name <input style="width: 95%;" type="text"/>	Occupation <input style="width: 95%;" type="text"/>
Cell Phone # <input style="width: 95%;" type="text"/>	Alt. Phone # <input style="width: 95%;" type="text"/>

Emergency Information REQUIRED: (Someone other than parent if participant is under 18)

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>
Home Phone # <input style="width: 95%;" type="text"/>	Cell Phone # <input style="width: 95%;" type="text"/>

Health Insurance Policy Name & Number _____

In consideration of my participation in any one of Park City Gymnastics activities, I acknowledge that I understand the nature of the activity and that I and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in any activity.

For the benefit of your child, please list any medical conditions that may effect the participant's safety and performance (e.g. allergies, asthma, seizures, heart ailments, physical handicap, etc.)

I understand and comply with PARK CITY GYMNASTICS LTD. RULES AND REGULATIONS submitted with PARK CITY GYMNASTICS LTD. Registration Packet, and I have signed the POLICIES AND WAIVER form on the back of this page.

Signature _____ Date _____
 (Parent/Guardian if student is under 18 years of age)

OFFICE USE ONLY

Session		<u>GYM GROUP</u>	Source		Reference	
Gym Group		TMT MMP TRT TYT	<u>Source Codes</u>		RECEIVED	
Art Group		TBT KRG MNG RGC	FLY YPG WPG QPM CBM		Bag	
Health Info		HST ADT TEM	SCH OTH BDP WEB		T-Shirt	

PARK CITY GYMNASTICS LTD. POLICIES AND WAIVER FORM

CANCELLATION/REFUND POLICY

1. PARK CITY GYMNASTICS LTD. reserves the right, prior to the first class or thereafter, to cancel a class due to insufficient registration. If the class is cancelled a full or partial refund will be provided.
2. There is a \$25.00 non-refundable registration fee included in the price of all classes at PARK CITY GYMNASTICS LTD.
3. Requests for class fee refunds (not including the non-refundable registration fee and the fee for any classes taken) will be considered through the third class. All requests must be submitted in writing. No refunds or credits will be given after the third class. (Please allow 2-4 weeks for processing.)
4. Class fees are non-transferable.
5. Make-ups, with a limit of 3, must be completed by the end of the 18 week session in an equivalent class as registered. Make-ups are not allowed during the first 3 or last 3 classes of any 18 week semester i.e. (weeks 1, 2, 3, 16, 17, 18.)
6. There are no Make-ups in the Summer.

UNIFORM/DRESS CODE POLICY

All registered members from 3-13 years old are required to wear their Park City Gymnastics uniform during all classes. The uniform consists of gym shoes and the Park City Gymnastics leotard for girls and gym shoes and the PCG shirt for boys. Students over 13 years old are required to wear gym shoes and the Park City Gymnastics cheer top and clothing that is form fitting and covers the body sufficiently. The Park City Gymnastics leotard is allowed to be worn in place of the cheer top. We hold the right to not allow a student to participate in activities if they are not dressed appropriately for our program. If a student is not dressed correctly they will be allowed to use one of their make-ups.

BOUNCED CHECK POLICY

1. In the event that you issue a check to PARK CITY GYMNASTICS LTD. which is dishonored or refused for any reason, you will be charged a \$25.00 service fee in addition to any fee assessed by our bank.
2. All payments after such an occurrence must be made by certified bank check, money order or cash.

PHOTO RELEASE:

I authorize that PARK CITY GYMNASTICS LTD. to use all photographs or videos taken of me or my child during camp/leagues/classes, etc. for advertising, instructional, and/or promotional material.

MEDICAL RELEASE AND ASSUMPTION OF RISK: (FOR ANY STUDENT PARTICIPATING IN A CLASS)

By the very nature of sports, gymnastics and other activities available at PARK CITY GYMNASTICS LTD. carry a risk of physical injury. No matter how careful the participant and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment utilized, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Sports, and especially gymnastics, carries with it a reasonable assumption of risk.

PARK CITY GYMNASTICS LTD. is bound by law to inform all participants and/or their guardians of the risk involved in the activity of gymnastics and sports in general. Anyone participating in PARK CITY GYMNASTICS LTD. programs must sign the notice on the application, and adhere to the safety rules governing PARK CITY GYMNASTICS LTD. These rules are posted inside PARK CITY GYMNASTICS LTD. In consideration for PARK CITY GYMNASTICS LTD.'s acceptance of the applicant, and in consideration of the applicant's opportunity to improve skills through the use of PARK CITY GYMNASTICS LTD.'s staff, equipment and facilities, those legally responsible for the named enrolling student acknowledge the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless PARK CITY GYMNASTICS LTD., its employees, and all others concerned, and to indemnify them against loss.

I certify that the enrollee has no condition that prohibits full participation in the activities at PARK CITY GYMNASTICS LTD. I assume all ordinary risks when using the facilities and hereby release PARK CITY GYMNASTICS LTD., or any of its employees, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize PARK CITY GYMNASTICS LTD., its agents and employees, to contact and secure necessary medical attention for me or my child.

I, the parent/guardian or student over the age of eighteen have read the PARK CITY GYMNASTICS LTD. Policies and Waiver Form above including the CANCELLATION/REFUND POLICY, UNIFORM/DRESS CODE POLICY, PHOTO RELEASE, and MEDICAL RELEASE AND ASSUMPTION OF RISK and understand and agree to be bound by them.

Signature _____
(parent/guardian if student is under 18 years of age)

Date _____