



Team Application and Parent's Permission Form

2008-2009



Child's Name _____ Home Phone _____
 Address _____ City _____ State _____
 Zip Code _____ Date of Birth _____ Age _____ Cell # _____
 Parent's Name (s) _____
 Email Address _____

REGISTRATION FEE

There is a \$35 Registration Fee for each SPIRIT Gymnastics Team member at SPIRIT Gymnastics Training Center. This annual fee, due upon enrollment, and then on each September 1st, along with USAG fee, Region 7 fee, the PA State fee, and the appropriate tuition payment, assures enrollment in a specified level or time slot. It also insures a members only discount on workout leotards, grips and other gymnastics items.

This registration fee is non-refundable.

SPIRIT Gymnastics Training Center is a division of Family Fun Gymnastics Center Inc. All references below are to both organizations.

Please list any physical handicaps, allergies, drug reactions, or ailments that we should know about during class or in case of medical emergency.

IF NONE, PLEASE INITIAL HERE _____

Please list any sight or hearing problems, learning disabilities, or other characteristics so that we may better prepare for your child's needs.

IF NONE, PLEASE INITIAL HERE _____

The very nature of any of our program activities including but not limited to gymnastics, trampoline, rappelling and rock climbing carry a risk of physical injury. No matter how careful the gymnast and the coach are, no matter what height is used or what landing surface exists, the risk cannot be eliminated – reduced yes, but never eliminated. While every attempt is made to maintain the gym equipment in and around the gym facility in good operating condition, sometimes equipment may fail or come loose prior to being identified as needing repair. The risk for injury from any activity or from equipment failure include minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle or fiber pulls or tears. The risks also include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Your signature on this form indicates that you understand this risk.

In the event that you cannot be reached during an emergency, please provide us with the name of a friend or relative who can be contacted in your absence.

Name _____ Phone _____ Relationship _____

ENROLLMENT INFORMATION

REGISTRATION DATE _____ LEVEL _____

DAYS _____ TIMES _____

We agree to abide by the rules and regulations of the SPIRIT Gymnastics Training Center (SGTC). We hereby, for ourselves and our child, adopted or otherwise, our heirs and executors, waive and release any and all rights and claims against SGTC, their coaches, agents, stock holders, and representatives, for any injury or damages that may be suffered by our child, adopted or otherwise, or any of our family members in connection with our and his or her association or entry in gymnastics, rappelling, rock climbing, in the bleachers, or other activities performed or sponsored by the SPIRIT Gymnastics Training Center or the Spirit Gymnastics Team Programs. We also understand that we are responsible to have our own medical insurance, and that the SPIRIT Gymnastics Training Center, their coaches, agents, stock holders and representatives will not be responsible for medical expenses incurred as a result of any injury either within our facility, in the bleachers, or on the grounds, parking lot or sidewalk of the SPIRIT Gymnastics Training Center building or in a SPIRIT sponsored function outside of the facility grounds. **I/WE certify that:** 1. There are no physical problems not identified above SPIRIT Gymnastics Training Center, their coaches, agents, stock holders and representatives, for any injury or damages that may be suffered which would endanger my child's safety or well being when involved in any form of activity run or sponsored by SPIRIT Gymnastics Training Center or the SPIRIT Gymnastics Team; 2. I am the legal parent/ guardian of this child. AND 3. I have read the guidelines in the Level Agreement; and I agree to follow the published guidelines. I/WE hereby give permission for SPIRIT or its representatives to obtain emergency medical assistance for this child in my absence. In addition, I/WE agree to the following:

WEBSITE & ADVERTISEMENT RELEASE

SPIRIT publishes a website to inform members and the public about the Center and its activities. Being a member of SPIRIT Gymnastics Team requires that we obtain permission from the parent so that any photos taken at meets, at the gym, at activities and more can be used for the website and/or advertisements.

I authorize SPIRIT and their agents to publish my child's photos taken at meets, at camps, at the gym, and in gym related activities, & her competition results on the SPIRIT website and/or in advertisements. ** www.spiritgymnastics.com **

Parent's Signature _____ Date _____

USAG Level 4 – 10 USAG + PA & Region 7 fees + SPIRIT Registration Fee = Total \$105

Early bird discount - \$100 if paid by 8/15/08

Super SPIRIT (Level 1), Future SPIRIT (Level 3), and Level 4 Novice - \$35 SPIRIT Registration Fee

Receipt # _____

Cash _____ Check _____ # _____ MC _____ VISA _____ DISC _____ AMEX _____ Date _____

Spirit Gymnastics Training Center 513 Dickerson Road North Wales, PA 19454 215-699-2900

SPIRIT Gymnastics Team

www.spiritgymnastics.com
 Email: Spiritgymnastics@aol.com