



Southern Washington Academy of Gymnastics

3000 Columbia House Blvd. #120
Vancouver, Wa. 98660

(360)718-7539 www.swag-gymnastics.com

Today's Date: _____

In Jackrabbit: Y N

Staff Initials: _____

Student(s) Information

Student's Last Name: _____ First: _____

Date of Birth : ____/____/____ Sex: M / F

Allergies: _____ Previous Injuries: _____

Medications: _____

Other Medical conditions/ Physical Limitations: _____

Second Student's Last Name: _____ First: _____

Second Student's DOB : ____/____/____ Sex: M / F

Allergies: _____ Previous Injuries: _____

Medications: _____

Other Medical conditions/ Physical Limitations: _____

Third Student's Last Name: _____ First: _____

Third Student's DOB : ____/____/____ Sex: M / F

Allergies: _____ Previous Injuries: _____

Medications: _____

Other Medical conditions/ Physical Limitations: _____

Family Information

Family Address: _____ City: _____ State: _____

Zip Code: _____ Primary Phone Number: _____

Email (billing statements, receipts, Class information): _____

Parent/Guardian information (if under 18)

Parent Name: _____ Cell Number: _____

Parent Name: _____ Cell number: _____

Emergency Contact Name: _____ Cell Number: _____

Release: Please read and initial each category.

_____ **Risk:** I acknowledge that participation at SWAG Gymnastics entails known and unknown risk that could result in serious bodily injury, including disability, paralysis and death.

_____ **Release:** I hereby agree that myself or my child, adopted or otherwise, my heir or executors, wave and release all rights and claims that I may have at any time against SWAG or it's representative, whether paid or volunteer for any injury or damages in connection with the activities offered at SWAG.

_____ **Agreement to participate:** I understand the risk of injury from other participants and various mats and obstacles in the gym. If my child or I are injured, and/or may require medical assistance, it is at our own expense. I expressly agree and promise to accept all risk existing in this activity. My participation or my child's participation in this activity is purely voluntary, and I elect to participate in spite of the risk.

_____ **Medical Treatment:** I confirm that both my child and/or myself are in good health. I authorize SWAG to administer simple first aid if needed. I also authorize a medical exam, and treatment by emergency medical services, if deemed appropriate and/or necessary by SWAG staff.

_____ **Make-up classes:** In the case where your child is unable to attend their scheduled class, we do allow make-ups in other appropriate classes. ***Make-ups are only valid for 30 days after your child has missed their scheduled class.*** Make-ups must be coordinated with the front desk staff prior to participating in a make-up class. In order to schedule a make-up class, you must currently be enrolled in classes at SWAG. In the event that your schedule does not allow for your child to do a make-up with the classes that are provided, you can use your make-up at an open gym. There will be no refunds for patrons unable to make-up a class. There will be no make-ups for competitive team gymnasts.

_____ **Tuition and Drop policy:** All students currently enrolled in classes at SWAG must have a credit card on file. Tuition payments can be made with alternative forms of payment, however, **parents and or guardians are responsible for making tuition payments in full before the first day of the upcoming session.** If full payment is not received by 8pm on the first Monday of the session, you will be charged a \$10 late fee. If full payment is not received by the end of the first week of the session your child may be pulled from his or her class. Recreational gymnasts' tuition is collected on a four week payment schedule. Team gymnast payments are due once a month by the 1st of every month. **If you are planing to drop your child from classes at SWAG, notice needs to be given by parent or guardian to front desk before the session payment is due.** You will not be refunded your tuition if notice of dropping your child's class is not received before tuition is due.

_____ **Safety in gym:** No students are allowed on the floors or the equipment until their class begins. If your child is not enrolled in any gymnastics class at SWAG, they are not permitted on the floors or the equipment. If your child is found on the equipment or on the floors without the supervision of a SWAG employee, your child will be asked to leave the gym area. I, as a parent or guardian, understand that any injuries that occur before or after class time due to my negligence are my responsibility and Southern Washington Academy of Gymnastics (SWAG) cannot be held accountable.

_____ **Photo Release:** Please note that students may be photographed or video taped for promotional purposes. These photos and videos may appear on our SWAG website, Facebook page, Instagram, and/or on our entry slideshow. The child's name may be posted, but other personal information will not be given out. Photos and videos of your child will not be used without your prior consent.

_____ YES, I give permission for my child to be photographed by SWAG. I give permission to SWAG to use these photos for promotional purposes.

_____ NO, I do not give SWAG permission to photograph my child. SWAG may not use my child's photos in promotional postings.

I have read, understand and initialed all of the above policies.

Signature (parent/guardian) _____

Printed name: _____

Date: _____