**Registration Form**

**Worland Gymnastics Club**

**1200 Culbertson Ave**

**307-347-8616**

**Session: FALL WINTER SPRING**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Preschool: Yes/ No Grade in School \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? yes\_\_\_ no\_\_\_

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? yes\_\_\_ no\_\_\_

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies/Special Health Considerations**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give the following individual permission to pick up my child after class if I am unable to:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gym Policies**

* **Registration**
  + Registration is once a year in the fall and is for the fall, winter, and summer sessions.
  + You must call before the beginning of each session to re-enroll for the next sessions.
* **Tuition**
  + First month’s tuition as well as deposit must be paid at the time of registration. The deposit will be returned after the parent has called and un-enrolled their gymnast from the program.
  + All fees will be made to the WCCC front office.
  + Monthly tuition payment methods
    - Cash
    - Debit/Charge
    - Check
* **Payment Due Dates**
  + All fees are due on the 15th of the month
  + Late notices will go out at the end of the month
  + If both fees are not received by the 15th of the next month the student will be dropped from the class and the deposit will not be returned.
* **Make up days**
  + Days will only be made up if the class was cancelled by the center.
  + As some months have 5 weeks in the schedule we do no charge for that extra week, we carry that week into the months that we may have gym for three (3) weeks.

**Worland Community Center and Worland Gymnastics Club**

**Information Card, Waiver & Photo Release**

**Waiver and Release of Liability: Worland Community Center Complex (WCCC) and Worland Gymnastics Club (WGC) and USAG Wyoming**

**HEALTH NOTIFICATION**

WCCC AND WGC ARE NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR A MEDICAL EXAMINATION. PRIOR TO YOUR CHILD’S PARTICIPATION IN ANY PROGRAM, ACTIVITY OR EXERCISE YOU SHOULD SEEK THE ADVICE OF YOUR PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL. YOU UNDERSTAND THAT GYMNASTICS CAN BE STRENUOUS. THERE IS AN INHERENT RISK IN ANY SPORT THAT, WHILE PROVIDING HEALTH BENEFITS, CAN ALSO CAUSE UNKNOWN HEALTH ISSUES. APPLICATION OR RELIANCE ON THE TECHNIQUES, ADVISE, IDEAS AND SUGGESTIONS OF ANY PERSON ASSOCIATED WITH WCCC AND WGC ARE AT THE SOLE DISCRETION AND RISK OF THE PARTICIPANT AND HIS/HER PARENT AND GUARDIAN.

**WAIVER**

I AGREE, BY ALLOWING MY CHILD TO PARTICIPATE IN ANY PROGRAM ASSOCIATED WITH WCCC AND WGC, THAT WCCC AND WGC SHALL NOT BE LIABLE TO ANY DIRECT, INDIRECT, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES FOR ANY INJURY OR HARM TO YOU AND YOUR CHILD INCURRED IN OR AROUND THE PROPERTY. I WILLINGLY ASSUME FULL RESPONSIBILITY FOR THE RISKS THAT I AM EXPOSING MY CHILD TO AND ACCEPT FULL RESPONSIBILITY FOR ANY INJURY OR DEATH THAT MAY RESULT FROM HIS/HER PARTICIPATION IN ANY ACTIVITY OR CLASS FACILITATED BY WCCC AND WGC.

**RELEASE**

IN CONSIDERATION OF THE ABOVE MENTIONED RISKS AND HAZARDS AND IN CONSIDERATION OF THE FACT THAT I AM WILLINGLY AND VOLUNTARILY ALLOWING MY CHILD’S PARTICIPATION IN THE ACTIVITIES AVAILABLE AT WCCC AND WGC, I HEREBY RELEASE WCCC AND WGC, THEIR PRINCIPALS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTION, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY CHILD’S PARTICIPATION IN THIS ACTIVITY, INCLUDING THOSE ALLEGEDLY ATTRIBUTED TO THE NEGLIGENT ACTS OR OMISSIONS OF THE ABOVE MENTIONED PARTIES. I, THE UNDERSIGNED ACKNOWLEDGE THAT MY CHILD HAS NO PHYSICAL IMPAIRMENTS OR ILLNESSES THAT WILL ENDANGER HIM/HER OR OTHERS.

**IN CASE OF AN EMERGENCY**

I GIVE FULL PERMISSION FOR ANY PERSON CONNECTED TO WCCC AND WGC TO ADMINISTER FIRST AID DEEMED NECESSARY, AND IN CASE OF SERIOUS ILLNESS OR INJURY, I GIVE PERMISSION TO CALL FOR MEDICAL AND/OR SURGICAL CARE FOR THE CHILD AND TO TRANSPORT THE CHILD TO A MEDICAL FACILITY DEEMED NECESSARY FOR THE WELL-BEING OF THE CHILD.

**PHOTOGRAPHY/VIDEO RELEASE**

PARTICIPANTS INVOLVED ANY ACTIVITIES OFFERED BY WCCC, WGC, AND USAG WYOMING MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING TRAINING. THE UNDERSIGNED HEREBY CONSENTS TO THE USE OF THESE PHOTOGRAPHS AND/OR VIDEOS WITHOUT CONSENT OR COMPENSATION ON WCCC, WGC, AND USAG WYOMING WEBSITE OR IN ANY EDITORIAL, PROMOTIONAL OR ADVERTISING MATERIAL PRODUCED BY WCCC, WGC, AND USAG WYOMING.

**INDEMNIFICATION**

I RECOGNIZE THAT THERE IS A RISK INVOLVED IN THE TYPES OF ACTIVITIES OFFERED BY WCCC AND WGC. I THEREFORE ACCEPT FINANCIAL RESPONSIBILITY FOR ANY INJURY THAT MY CHILD OR I MAY CAUSE EITHER TO MYSELF OR TO OTHERS. SHOULD THE ABOVE MENTIONED PARTIES OR ANYONE ACTING ON THEIR BEHALF BE REQUIRED TO INCUR ATTORNEY’S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I WILL REIMBURSE THEM FOR SUCH FEES AND COSTS. I AGREE TO INDEMNIFY AND HOLD HARMLESS WCCC AND WGC, THEIR PRINCIPALS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM LIABILITY FOR THE INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY THAT MAY RESULT FROM MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN ACTIVITIES OFFERED BY WCCC AND WGC.

**ACCEPTANCE**

I, THE UNDERSIGNED, DO HEREBY VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE FOREGOING AND THAT BY SIGNING; IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSONAL AND DAMAGE TO PROPERTY CAUSED BY ME. I UNDERSTAND THAT BY SIGNING BELOW, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_