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|-----------------|-------|----------|-------|-------|
| Eval Class      | _____ | _____    | _____ | _____ |
| Eval Time:      | _____ | _____    | _____ | _____ |
| Eval Date:      | _____ | _____    | _____ | _____ |
| Coach:          | _____ | _____    | _____ | _____ |
| Follow Up Call: | _____ | By Whom: | _____ | _____ |

# Waiver and Release of Liability

## California Gymnastics Academy (CGA)

California Gymnastics Academy is owned & operated by West Coast Sport and Recreation, LLC

### Parent/Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

Billing Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Student Information:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

My child \_\_\_\_\_ has the following medical history and/or medical condition and/or medication regimen that CGA needs to be aware of: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Payment, Policies and Procedures

### Child's Safety

- I understand I am responsible for my child's behavior and safety while on the California Gymnastics Academy premises, including, but not limited to, parking lots, bathrooms, waiting areas, upstairs play equipment, etc.
- I understand the only people allowed in the gym area are enrolled students during designated class times, and with their instructors ONLY! With the exception being Parent participation class.
- I understand at no time are parents or siblings allowed in the main gym or preschool area.

**PLEASE TURN OVER, READ AND SIGN BACK**

## Tuition

- I agree to pay tuition pursuant to the tuition schedule distributed by California Gymnastics Academy.
- I understand and agree California Gymnastics Academy may alter or increase its tuition from time to time, at its sole discretion.
- I understand tuition is due by the 7th of the month.
- I understand there is a \$20 charge for all returned checks.
- I understand my child may not be allowed to attend classes if our bill is more than 30 days past due.
- I understand if I decide to drop my child from classes, I need to submit a 30 DAY WRITTEN DROP NOTICE TO THE OFFICE VIA EMAIL, COMMUNICATION FORM, DROP FORM OR LETTER. We will call you to confirm receipt of the notice. If you do not hear back from us soon after you notify us, please contact us ASAP.
- I understand that once enrolled, my child automatically continues enrollment, unless I change classes or give proper notification of withdrawal to California Gymnastics Academy.
- I accept responsibility for all tuition accrued up to the date of notification, regardless of attendance.
- No credit is ever given for missed classes.
- I understand that monthly tuition is not refundable after the first 30 days.
- **Vacation policy:** I understand that I can pay ½ tuition and my child will be able to participate in 2 classes during that month. Classes attended must be in the class of current enrollment. **Notification and advance payment must be received by your child's last class of the month prior to the vacation month.** This vacation policy is available each calendar year for no more than 3 times per year with the exclusion of the months of Spring Break (March or April), Thanksgiving (November) and Christmas (December). If you exceed more than 2 classes during any of the vacation months, you will be charged full tuition for that month.

## Missed Classes

- Our Mission is to provide an exceptional service to our customers, during the designated class time and class day.
- I understand there is a no make-up policy for missed classes.

## Annual Fee

- I am aware that California Gymnastics Academy charges an annual membership fee.
- I understand my child's membership fee is not refundable.

## Photographic Release

- Digital photographs and video are taken of many CGA students.
- I hereby give CGA permission to use such photographs and/or video for public displays, training material and/or media releases. I understand these photographs and/or video images will be for news, training and/or non-commercial purposes only.

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

## RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK OF BODILY INJURY AND DEATH

1. **Voluntary Participation.** As the parent or legal guardian of \_\_\_\_\_, I acknowledge that I have voluntarily registered my child to participate in gymnastics, trampoline, cheerleading, tumbling, and related activities at the premises of California Gymnastics Academy, located at 180 Wright Brothers Ave., Livermore, and CA 94551.

2. **Assumption of Risk.** I AM AWARE THAT GYMNASTICS, TRAMPOLINE, CHEERLEADING, TUMBLING, AND RELATED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND CARRY RISKS THAT INCLUDE (BUT ARE NOT LIMITED TO) MUSCLE STRAINS AND TEARS, BROKEN BONES, AND SEVERE INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH. I AM VOLUNTARILY APPLYING FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. ON BEHALF OF MY CHILD, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF MY CHILD'S INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.

3. **Release.** As consideration for California Gymnastics Academy agreement to allow my child to participate in these activities and use related facilities, I hereby agree on behalf of my child that my child and my child's assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of California Gymnastics Academy on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, instructor, coach, member, manager, or contractor of California Gymnastics Academy as a result of my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities. I hereby release California Gymnastics Academy and its employees, agents, instructors, coaches, members, managers, or contractors, from all actions, claims, or demands that my child and my child's assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, ON BEHALF OF MY CHILD, AND CGA, AND SIGN IT OF MY OWN FREE WILL.

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

**IMPORTANT!!!**

Filling out this form DOES NOT enroll your child in classes. You must stop by or call the front office to let us know if you would like to join.  
Your child's space is guaranteed for 24 hours following your evaluation class.

# Emergency Contact Information & Medical Release Form

Parent First & Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent First & Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Additional Emergency Contacts: (home/cell numbers)

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child covered by Medical Insurance? \_\_\_yes\_\_\_no

IF YES-Insurance carrier \_\_\_\_\_ policy # \_\_\_\_\_

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I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my daughter/son, \_\_\_\_\_ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic and life threatening, I give permission to the emergency care physicians and support personnel to do what they deem necessary in the best interests of my child.

\_\_\_\_\_

Parent or legal guardian signature

\_\_\_\_\_

Date