

**2018 - 2019 FALL/WINTER  
REGISTRATION AND RELEASE FORM  
(Fill out the entire form before turning in)**



Gymnastika, Inc.  
6522 Fig Street Unit B  
Arvada, CO. 80004  
(303) 237-8976

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City and Zip \_\_\_\_\_  
Mothers Cell Phone \_\_\_\_\_ Fathers Cell  
Phone \_\_\_\_\_  
I give my permission to publish my information \_\_\_\_\_  
for team class rosters \_\_\_\_\_ Signature \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Persons, other than parents, to be notified in case of Emergency

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Child's  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred  
Hospital \_\_\_\_\_ Phone \_\_\_\_\_

If your child is subject to any diseases or illnesses (such as epilepsy) please list. Also  
list any other pertinent information concerning any handicaps or medical information.

\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any medicine? \_\_\_\_\_

If the parents or guardians and preferred physician named above cannot be reached at  
the time of an emergency, and if immediate observation or treatment is urgent in the  
judgments of proper authorities, do you authorize and direct the instructors to send the  
child (properly accompanied) to the hospital most easily accessible? \_\_\_\_\_

## RELEASE

In consideration of allowing the above named student to enroll in a gymnastics school and program and use by student of the premises and property of said school, release and hold harmless Gymnastika, Inc., its owners, officers, employees, and agents of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury including death, that may be sustained by the student and or the undersigned, or any property of the student and or the undersigned while in, on, or upon the premises upon which the school is conducted, or en-route to or from any of said premises, or while at any other premises or place when undertaking activities sponsored by or participated in by Gymnastika, Inc. its owners, officers, employees and agents. The undersigned, acting for themselves and the student, hereby voluntarily assume all risk of loss, damage, or injury, including death, that may be sustained by the student and or the undersigned, while in, on, or upon said premises described above.

In signing this release, each of the undersigned hereby acknowledges and represents:

A) That he or she read the foregoing release, understands it and signs it voluntarily.

B) That the undersigned as "legal guardian" are in fact the true legal guardians of the student, are over age twenty one years and of sound mind.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## RULES AND POLICIES

1. There is a mandatory, non-refundable registration fee of \$50 per child that is required. It is the insurance fee good until Sept. 1, 2019.
2. Tuition is due the first day of every month. If it is received after the tenth there will be a \$25 late fee added. If not received by the tenth your child will not be allowed to participate in class until tuition and late fee is paid.
3. If your child misses a class, you still need to pay for the entire month. There are no make-up classes.
4. The monthly tuition will be the same whether there are 3 weeks or 5 weeks in a month. Tuition is based on 48 weeks / year. There are 4 weeks' vacation per year. There is no prorating during the school year.
5. No gum, jewelry, watches or improper clothes will be allowed. Hair needs to be tied back out of the face. No metal hairpins or clips may be worn. If the above are not complied with, your child will not be allowed to participate.
6. Coats, books, etc. may be kept in our cubby holes. We are not responsible for personal possessions. Once a week we will thoroughly clean and we will not keep a lost and found.
7. Parents and children must remain in the waiting area. No one is allowed in the gym area or on equipment before or after class, or without their trainer. All children must stay in the building at all times (including children who are not students but waiting for someone). No one is allowed outside the building until their responsible guardian comes.
8. No smoking allowed anywhere in the building.
9. Class transfers are permitted provided there is availability.
10. Class schedules are subject to change, depending upon enrollment. We reserve the right to cancel a class at any time.
11. Vacations/Holidays observed by the gym are the following:
  - Fall / Winter Session Begins August 20th
  - Labor Day September 3rd
  - Thanksgiving November 22nd - 24th
  - Christmas Break December 24th - January 1st
  - Spring Break - March 25th - 30th
  - Memorial Day May 27th
12. Families with more than one child get a 10% discount on tuition.
13. Primary insurance is required - we carry a secondary policy with a \$500 deductible.
14. No pets allowed in waiting area or gym.
15. No food or drinks allowed in gym.

I have read the above rules and policies and agree to them.

Student's  
Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Class Enrolled \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

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