

**STUDENT INFORMATION** (FILL OUT A FORM FOR EACH STUDENT)

Male or Female

\_\_\_\_\_  
(FIRST NAME) (LAST NAME)

\_\_\_\_\_  
(BIRTH DATE) (CURRENT AGE)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
(MOM CELL) (DAD CELL) (HOME PHONE)

\_\_\_\_\_  
(OTHER PHONE) (DESCRIBE OTHER PHONE, guardian, etc.)

\_\_\_\_\_  
(EMAIL ADDRESS) (ADDITIONAL EMAIL ADDRESS)

Email addresses are used strictly for informing of events, payment due dates, gym closures, etc., Email addresses will never be sold.

\_\_\_\_\_  
(MOTHER'S NAME) (FATHER'S NAME)

The following must be read and signed by the parent or legal guardian of all minor students or by the student if of legal age.

**WAIVER, ACKNOWLEDGEMENT of RISK, & MEDICAL AUTHORIZATION**

As legal guardian of the above child, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, circus, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned child participating in any and all of Silver State Gymnastics Academy (SSGA), programs and activities and accept all risks associated with that participation. Parents should make their child aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk. In consideration of allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold SSGA, its staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event.

In the event of an emergency, I hereby release Silver State Gymnastics Academy (SSGA), staff or representatives to render temporary first aid to my child in the event of any injury or illness and if deemed necessary by SSGA staff or representatives to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for the said child should SSGA staff or representatives deem this to be necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for SSGA. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

## FINANCIAL OBLIGATION

I assume responsibility for meeting the appropriate payment schedule. Billing is every four weeks, four classes per billing month. We are closed 4 weeks during the year to keep the billing cycle correct. Billing is for 48 weeks, not 52. Tuition is due week one of each billing month. New students receive 2 free classes.

I, as parent/legal guardian, have read the above and by signing this form I am agreeing to the payment schedule outlined above.

SIGNATURE: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN) (DATE)

## VIDEO/PICTURE RELEASE

I understand that my child's picture or video may be used within promotion of SSGA through its website. I understand that if requested, the video or picture will be removed immediately. I will not hold SSGA liable for any issues that arise due to this picture/video being used.

SIGNATURE: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN) (DATE)

## CHRONIC MEDICAL CONDITION(S) OF CHILD, STATEMENT

Please list below any and all possible medical and/or behavioral complications or allergies that your child may experience so we will be aware of them.

\_\_\_\_\_  
(LIST KNOWN MEDICAL CONDITIONS / BEHAVIORAL COMPLICATIONS / ALLERGIES)

SIGNATURE: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN) (DATE)

## ANNUAL MEMBERSHIP FEE

All students will be charged an annual \$30 membership fee.

## RESCHEDULED CLASS POLICY

If you call in at least an hour ahead of time to say you are missing class, you will be allowed a rescheduled class in any class of the same level that has room. **Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS** until the time you notify the staff in writing. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the current term. This charge will be for holding the student's place in that class instead of offering that place to another student.

## WHAT TO WEAR

Boys may wear tucked in t-shirts & shorts. Girls may wear tucked in t-shirts with shorts or leotards. NO chewing gum, NO jewelry. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. All students should have activity appropriate footwear or barefoot. Personal items should be left in cubby holes. **LEAVE VALUABLES AT HOME. This facility's staff will not be responsible for ANY items that may be lost or stolen.**

## ARRIVAL AND PICKUP (please refer to our special Covid-19 Action Plan handout)

Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Pick up your student on time. Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Drive slowly and carefully. Do not let your student run to or from your car.

# **COVID-19 WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

- I am aware of the ongoing COVID-19 global pandemic. My child and my family have been healthy and do not pose a risk to other attendees or staff. No one I have been around has been diagnosed with COVID-19 and no one in my family is exhibiting (or have exhibited in the last 14 days) any of the symptoms of COVID-19 identified by the CDC, which include: cough; shortness of breath or difficulty breathing; fever; chills; muscle pain; sore throat; and recent loss of taste or smell. If my child or anyone in my family develops any of these symptoms, or if I have a suspected or diagnosed case of COVID-19, I agree that I will not bring my child to participate in any class or come to **Silver State Gymnastics Academy (SSGA)**.
- I agree to follow all safety protocols implemented by SSGA, including those that are posted throughout the gym and those that are sent to me electronically. I acknowledge that these protocols may change at any time and I agree to abide by any and all such changes.
- I understand my child and I must follow recommended guidelines for social distancing while within the gym and may be asked to leave if they do not comply with the guidelines.
- I will not visit SSGA within 14 days after (i) returning from a highly impacted area subject to a CDC Level 3 Travel Health Notice or (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice. I agree to regularly check the CDC Travel Health Notices including those listed at the following site: (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) before entering SSGA or participating in classes at SSGA.
- I agree to notify SSGA immediately if I believe that my child or anyone in the family is experiencing any symptoms of COVID-19 and/or has a suspected or diagnosed case of COVID-19 or have been exposed to someone diagnosed with COVID-19.

I understand and acknowledge that SSGA cannot guarantee my safety or immunity from infection. There is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted or how long it remains on surfaces or in the air is not entirely known. I fully understand and acknowledge these facts and the uncertainty of the virus and how it may impact my or my child's health. I knowingly and voluntarily assume all risks associated directly or indirectly with participating in any activity at SSGA. I knowingly and voluntarily waive and release SSGA and their respective directors, officers, employees, volunteers and agents (collectively, the ("Releasees")), from any and all present and future claims of any type, including for any harm or loss, economic loss, personal injury, disease, death and property damage suffered by me or my child.

I have carefully read and voluntarily sign this **COVID-19 Waiver of Liability and Assumption of Risk Agreement** and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made. I am aware I am giving up valuable legal rights including the right to recover damages from the releases in case of illness, injury, death or property loss or damages including, for the avoidance of doubt and without limitation, exposure to COVID-19 and all illness, injury or death resulting therefrom. I understand that this document is a promise not to sue and a release of all claims and is binding on me, my heirs, family state, representatives and assigns. I agree to accept the risk from COVID-19 exposure and I accept that risk.

**I have read and understand this complete three page Acknowledgement of Risk, Waiver of Liability, Medical Authorization & Covid-19 Waiver, and I voluntarily affix my name in agreement. All disputes that arise out of this agreement shall be submitted to mediation. If mediation is not successful in resolving all disputes arising out of this agreement, those unresolved disputes shall be submitted to final and binding arbitration under Nevada's rules of arbitration.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN)