



STUDENTS LAST NAME: _____

Account Information

Last Name (Billing Name) _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Contact #1 Name _____ Cell Phone _____ Text: YES NO

Contact #1 Relationship _____ Email _____

Contact #2 Name _____ Cell Phone _____ Text: YES NO

Contact #2 Relationship _____ Email _____

Text will only be used in the event of closings due to inclement weather or emergencies

Medical Insurance Provider _____

Emergency Contact Information (other than parent, in an emergency we would always attempt to contact parents first)

Contact Person _____ Phone # _____ Relationship _____

Student Information

Student #1 Name _____ Sex _____ Birthdate _____ T Shirt Size _____

Disabilities or Special Needs _____

Allergies _____ Medications _____

Student #2 Name _____ Sex _____ Birthdate _____ T Shirt Size _____

Disabilities or Special Needs _____

Allergies _____ Medications _____

Student #3 Name _____ Sex _____ Birthdate _____ T Shirt Size _____

Disabilities or Special Needs _____

Allergies _____ Medications _____

GENERAL RULES AND POLICIES

EACH STUDENT MUST HAVE THEIR OWN INSURANCE IN EFFECT. / It is the policy of Greenville Gymnastics not to refund tuition fees except in the case of relocation, class cancellation or injury/illness (with Doctor's Excuse) / Do not bring or send personal items or jewelry to Greenville Gymnastics. We are not responsible for items lost or stolen. / Students must at all times abide by the safety standards of Greenville Gymnastics. Any abridgement of these standards will be cause for dismissal. / Parent or Guardian is responsible for student up to entrance into the activity area with the Instructor and immediately upon release from the Instructor and exit from the activity area. / Registration Fees are due upon registration and are good until the next August.

Registration Fees are NON- REFUNDABLE. / FEES MUST BE PAID IN ACCORDANCE WITH PRINTED FEE SCHEDULE. STUDENTS MAY NOT ATTEND CLASS UNLESS ALL FEES ARE CURRENT.

PHOTOGRAPHY RELEASE - G Force Inc. periodically takes photographs for advertising and promotional use in print and electronic publications. By my initial below my permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for G Force Inc.

Initial here -> _____

PLEASE TURN OVER TO COMPLETE AND SIGN SECOND PAGE

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of the above listed student(s) I hereby consent to the above-named person(s) participating in the programs offered by G Force Inc., D/B/A Greenville Gymnastics Training Center. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child(ren) participant(s). I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices including the trampoline.

I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to G Force Inc., D/B/A Greenville Gymnastics Training Center for allowing my child(ren) to use the facilities and equipment at Greenville Gymnastics Training Center, an additional and important part of the consideration due to G Force Inc., D/B/A Greenville Gymnastics Training Center is this signed release form.

Therefore, in consideration for allowing my child(ren) to use the Greenville Gymnastics Training Center’s equipment and facilities, I hereby forever release G Force Inc., D/B/A Greenville Gymnastics Training Center, it owners, officers, employees, teachers, and coaches from all liability for any and all damage and injuries suffered by my child(ren) while under the instruction, supervision or control of G Force Inc., D/B/A Greenville Gymnastics Training Center, its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Greenville Gymnastics Training Center. In addition, I confirm that my child(ren) have been examined by a physician who has cleared them for unrestricted participation in these activities. This acknowledgment of risk of waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

COVID 19

Greenville Gymnastics is attempting to do everything possible to protect our athletes, their family members and friends as well as our staff from Covid19 . However we clearly cannot protect from all possible risks due to the nature of this threat.

Staff, Participants and their Parents/Guardians agree to the following :

- No one will enter the gym if they have been diagnosed with Covid19 unless they have been cleared as fully recovered.
- No one will enter the gym if they currently are showing symptoms including but not limited to loss of taste and/or smell, elevated temperature, cough or shortness of breath without review and permission.
- No one will enter the gym if they have knowingly been exposed to anyone with Covid19 without alerting the staff and receiving permission to enter.
- Any one entering the gym agrees to the following :
 - They will respect physical distancing including remaining a minimum of 3 feet from any other person.
 - If they need to cough or sneeze they will do so into a Kleenex or their elbow.
 - They will not touch any other person or the possessions of any other person including personal items, locker, clothing, etc.
 - They will use hand sanitizer or wash their hands upon entering the gym and just before leaving the gym.
- We will notify the staff of Greenville Gymnastics immediately of any concern I or my participants may have.
- I have communicated these guidelines to my students of Greenville Gymnastics, as well as the importance of these guidelines. Any violation of these policies will result in the student being asked to leave the gym for that day. No warnings will be given.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), I and my family may be exposed to or infected by COVID-19 by attending the Gym and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

In addition I understand the risk of exposure to Covid19 could increase through participation of me and/or my child at Greenville Gymnastics, and that though Greenville Gymnastics' staff will work to diligently protect all participants and entrants that they clearly cannot protect from all risks or eliminate those risks. I acknowledge this risk and accept it for myself, my family and participants and hereby release, covenant not to sue, discharge, and hold harmless G Force Inc d/b/a Greenville Gymnastics, its employees, agents, and representative, of and from the claims including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Signature

Date

Printed Name

THANK YOU FOR CHOOSING GREENVILLE GYMNASTICS !!!