



**STUDENT 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*

**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, stolen or damaged including in parking areas. / 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 -> \_\_\_\_\_ **OR** No Photography of my child except for internal program use 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) (herein after referred to as ‘my student(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 student participant(s). I also realize that my student(s) 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 student(s) 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 student(s) 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 student(s) 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 AND COMMUNICABLE ILLNESSES** - Greenville Gymnastics is constantly working to protect our athletes, their family members, and friends as well as our staff from communicable illnesses including Covid19. This includes daily, weekly, and monthly cleaning, disinfecting and sanitizing of equipment and facilities. However, due to the nature of our activity and the nature of these threats we clearly cannot protect from all possible risks. Staff, Participants and their Parents/Guardians agree to the following:

- We will not enter the gym with any communicable illness including Covid19.
- My students will not participate in class with a fever or within 24 hours of having a fever.
- We will notify the staff of Greenville Gymnastics immediately of any concern I or my participants may have.
- By signing this waiver, I acknowledge the contagious nature of COVID-19 and other communicable illnesses and voluntarily assume the risk that my child(ren), I and my family may be exposed to or infected by COVID-19 and other communicable illnesses 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 communicable illnesses including 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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

**THANK YOU FOR CHOOSING GREENVILLE GYMNASTICS!!!**