

**Zero Gravity Athletics**  
 PO Box 62, Poulsbo, WA 98370  
 (360) 394-4GYM zerogravityathletics.nct

Athlete's Name \_\_\_\_\_ School \_\_\_\_\_ irthdate \_\_\_\_\_  
 Last First  
 Athlete's Name \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Last First  
 Athlete's Name \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Last First  
 Athlete's Name \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Last First  
 Address \_\_\_\_\_ City \_\_\_\_\_ zip code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Emergency Contact Name (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

Medical History (please specify which child)  
 Allergies \_\_\_\_\_ Medications Taken Regularly \_\_\_\_\_

Any Past Broken Bones \_\_\_\_\_ Any Past Surgeries \_\_\_\_\_  
 Chronic Medical Problems \_\_\_\_\_

Any other concerns we should be aware of \_\_\_\_\_

**Waiver and Release:** I acknowledge that I am the parent or legal guardian of the child(ren) identified above and voluntarily authorize my child(ren) to participate in the gymnastic/cheer/dance classes, programs, and events of Zero Gravity Athletics (ZGA) held on the premises of ZGA and/or at a ZGA sanctioned event held elsewhere. I am aware of the dangers in these activities and recognize that participating in these activities involves risk of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. In consideration of the acceptance of my child(ren)'s registration in ZGA's classes, programs, and events, I and my child(ren), personally assume all risks, whether foreseen or unforeseen, in connection with my child(ren)'s participation in this activity, and we agree to defend, indemnify, hold harmless, waive, and release Zero Gravity Athletics, LLC, together with its officers, trustees, employees, agents, members, and volunteers against any and all liability, claims, and causes of action arising out of, or in any way connected with my child(ren)'s participation in this activity. I also assume complete responsibility for any property damage and/or personal injury caused by my child(ren) in connection with his/her/their participation in ZGA classes, programs, and events. Furthermore, I give permission for my child(ren)'s photographs to be taken and used at the discretion of Zero Gravity Athletics, LLC, for publicity or professional purposes.

**Medical Attention:** I have fully and accurately completed the Medical Information section in my child(ren)'s enrollment application (above) and assert that my child(ren) has/have no physical condition that would prevent or hinder his/her/their participation. The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, programs, and events being conducted by Zero Gravity Athletics, LLC, acting for themselves and the student, hereby voluntarily assume all risk of loss, damage, or injury, that may be sustained by the student while involved in a Zero Gravity Athletics, LLC, class, program, or event. In the event of any incident, which may require immediate medical/dental or any other emergency attention/care, in which the Legal Guardian cannot be notified in a reasonable time through reasonable means, I hereby authorize Zero Gravity Athletics, LLC, and its employees to take all necessary actions as it relates to immediate medical/training attention, transportation, and emergency medical services as warranted in the course of care of the above mentioned child(ren). I realize that I will be responsible for all fees and expenses as they may relate to this medical attention paragraph.

**Acknowledgment:** I understand that this Release Agreement is a contract and shall remain in effect for the duration of my child(ren)'s participation in ZGA's classes, programs, and events. This agreement contains the Entire Agreement between the parties and supersedes any prior agreement whether oral or written. This Release Agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors. I have fully informed myself of the entire contents, including the reverse side, of this REGISTRATION/RELEASE/RULE form #ZGA-RRR-06. By my signature, I acknowledge full agreement with this REGISTRATION/RELEASE/RULE form #ZGA-RRR-06.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **GYM RULES**

Parents/guardians are to sign their child(ren) into class using students id card.

Once the students enter the facility, they should place their belongings in the cubbies and wait for their class to begin.

For safety reasons, children are not allowed on the equipment before or after class.

Children in the gym who are not attending class are to be attended by a parent/guardian at all times. If it is necessary to leave children unattended, please contact office staff.

Spectators are allowed in the viewing area only.

If a student is unable to attend a class, parents/guardians should ask office staff for an available make-up time as we have a no-refund policy. We commit the training slot to our students and pay the instructor as well as other operating expenses even if a child is unable to attend.

Open gym is also offered as an option for make-up classes. If using open gym as a make-up, contacting the office staff for a voucher will enable the student to attend w/o paying open gym fee. Note: open gym is not an organized class.

Parents/guardians wishing to talk with a coach or gymnast during class must come to the office and ask staff to pass the message to the floor.

Eating food or chewing gum is not allowed during class, but water bottles are allowed on the sidelines.

Gymnasts must be in proper attire. Leotards, t-shirts, shorts, or any clothing without buttons, zippers, pockets, or ties are all acceptable.

During class, children are to be bare-footed only, no socks, tights, slippers, shoes, etc., as these coverings pose a significant safety hazard.

Children are to leave all necklaces, rings, bracelets, watches, long earrings, etc. with their parents, as these pose a significant safety hazard to the gymnast and their instructor.

Long hair must be pulled back and tied securely before class.

Any gymnast who misbehaves during class will be asked to sit in time-out. If the situation continues, parents/guardians will be notified to assist in determining whether or not the child should continue classes.

Classes start on time as the instructor needs all the time available to complete lesson plans, as well as being legally obligated to provide warm-ups. If the gymnast arrives less than five minutes late, they may join right in with their class. Students who are more than five minutes late may also join in, after notifying their instructor, but they have already missed a significant amount of warm-up and will need to complete their stretching during their first event.

Note: for the safety of the gymnast, the warm-up is designed to teach and get the body ready for heavy work, and can not be missed.

Tuition is payable by the 25<sup>th</sup> of the month prior to starting at the first to continue in class. Tuition is late on the first and a \$10 late fee will be applied. If tuition is not paid by the 25<sup>th</sup> the class could be canceled.

10% DISCOUNT for each additional child / class also Military, NKSD & Harrison Hospital employees.

Referrals? A \$10 DISCOUNT for the following month will be applied to BOTH the referring family as well as the referred family.

**Thank you for participating in Zero Gravity Athletics!**

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