



# PERFECT 10 GYMNASTICS ENROLLMENT FORM

HOW DID YOU HEAR ABOUT US?

- Friend                       Online                       Sign  
 Previous Student                       Yellow Pages  
 Advertisement                       Other \_\_\_\_\_

Student's Name (s) First & Last	(Circle) Male or Female	Age	Date of Birth	(Circle) Does your child have any allergy and/or medical condition that could be adversely affected by exercise? If yes, please explain.
	M      F		/   /	Yes / No
	M      F		/   /	Yes / No
	M      F		/   /	Yes / No
	M      F		/   /	Yes / No

### Contact Information

MOTHER: First \_\_\_\_\_ Last \_\_\_\_\_ FATHER: First \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SPECIFY ANY SPECIAL HEALTH PROBLEMS (ALLERGIES, VISION, ASTHMA, DIABETES, ETC.) \_\_\_\_\_

# PERFECT 10 GYMNASTICS TRAINING CENTER

(Initial) \_\_\_\_\_ I have received the Perfect 10 Gym Rules and Policies and will go over them with my child.

(Initial) \_\_\_\_\_ I understand that tuition is due on or before the 1st of the month, and a late fee of \$10.00 will be charged after the 7th.

(Initial) \_\_\_\_\_ I grant to Perfect 10 Gymnastics, its representatives and employees the right to take photographs of my son/daughter. I authorize Perfect 10 Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Perfect 10 Gymnastics may use such photographs of my son/daughter with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

## AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR

The undersigned as a parent or legal guardian of the child registered on this form, hereby authorizes Perfect 10 and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Perfect 10 will endeavor, but is not required to communicate with me prior to such treatment. The undersigned further agrees that Perfect 10 and its delegated leaders and directors are not legally or financially liable for any or advised treatment. This authorization and consent releases Perfect 10 of liability. This authorization and consent to treatment of minor is given in good faith in connection with any authorized event, and shall remain effective until revoked in writing and delivered to authorized Perfect 10 representative (s).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

## PARENT / GUARDIAN WAIVER AND RELEASE FORM

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving various sports, coordination events, fitness training, and gymnastics activities which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risk of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Student's Name (s): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **PERFECT 10 GYMNASTICS TRAINING CENTER–GYM RULES AND POLICIES**

20617 SANTA LUCIA STREET, TEHACHAPI, CA 93561

(661) 822-7179 PERFECT10GYMNASTICS.COM

## **Dress Code:**

GIRLS: (Any combination of the following) Leotard, bike shorts, bike pants, tights without feet, above the ankle bike pant, T-shirt tucked in with bike shorts or bike pants or elastic waist shorts or sweats. No zippers, snaps or buttons. No socks or shoes on gym floor.

BOYS: Shirt tucked in, elastic waist shorts or sweats. No zippers, snaps or buttons. No socks or shoes on gym floor.

## **Safety:**

Food, drinks, candy, gum, and jewelry are not allowed on the gym floor. No child is allowed on the gym floor unless it is their scheduled class time. All spectators must remain off of the gym floor area for safety reasons. It is the parents' responsibility to keep siblings off of the gym floor. Children must remain in the gym until a parent or guardian picks them up. If someone other than the normal ride is picking your child up, please notify the office.

## **Monthly Tuition:**

Tuition is due **ON** or **BEFORE** the 1st of the month, and late after the 7th. Please make an effort to make your payment in the office the week before the 1st. Otherwise, make your payment at your class after the 1st. You are always welcome to stop by our office any time during office hours to make your payment. Your tuition for the month holds your spot in class whether you are in attendance or not. If you need to make payment arrangements, we will attempt to work around the family budget.

Enrollment is on a continuous basis. You are responsible for payment of any tuition up until the time that we are notified of any change. Monthly tuition is based on 4 classes per month, however, some months will have 5 classes, and other months will have 3 classes if we are closed for a holiday, event, or vacation for our coaches. This balances out throughout the year. We bill for 48 weeks (12 Mo. X 4 Wks.). There are 4 extra weeks (52 wks minus 48 wks = 4 wks) that "float" throughout the year. We usually end up closing the equivalent of approx. 10 business days during the year, giving students 10 days of extra class days throughout the year. Although we may close for some holidays or vacations, the students get more than enough extra classes at some point during the calendar year to balance things out. The number of days closed and the number of extra classes may vary.

**Late Fee:** A \$10.00 late fee will be applied to all unpaid accounts after the 7th of each month.

**Credit and Debit Cards:** For your convenience, we accept Credit and Debit Cards.

**Returned Check Fee:** A returned check fee of \$25.00 will be charged on all checks returned not paid by the bank.

**Annual Registration:** \$50.00

This fee is due upon your enrollment and due again every 12 months after that. THIS FEE IS NON REFUNDABLE.

## **Re-Enrollment Fee:**

Students, who drop all of their classes during the year that their annual registration covers, will be charge a re-enrollment fee of \$10.00 per student to sign back up for classes. This is in addition to the annual registration per student that has already been paid. \$50.00 annual registration will be due 12 months from when registration was originally paid.

## **Make-Up Policy:**

Perfect 10 offers one make-up class per month in the case that you need to miss a class. In order to schedule a make-up, there must be a message left at the gym stating that the student will be absent. No credit is given for missed classes. As a courtesy, you may schedule one make-up class per month **upon availability**. You must be currently enrolled and tuition paid in full for the current month to do a make-up class. Students are asked to schedule their make-up class within 30 days of the absence. If you are absent for the make-up class, the make-up is forfeited. All make-ups expire upon drop from classes.

\*See Office for Level 4 and Up make-up policy.

**Please Make an Effort to be On Time-** Warm-ups are an important part of the class.

**We are not responsible for lost or stolen items-**Please leave all valuables at home.

**Expectations:**

- Please be on time and ready for workout.
- Please respect the gym and surrounding areas.
- Please keep an eye on siblings not in class.
- Please keep siblings off equipment and blue spring floor.
- Students should not be in the parking lot unattended.
- Students are only allowed on the blue spring floor and equipment during their assigned class time.
- For health reasons, please dispose of your personal leftover food items in the outside trash dumpster.
- For health reasons, please dispose of diapers in the outside trash dumpster.
- For health reasons, after eating food in Lobby A or Lobby D, please clean up any crumbs left on surfaces with provided disinfecting wipes and throw used wipes in Lobby trash can. Disposable gloves are also provided for your convenience, as well as a broom and dustpan. If you need assistance, please alert Office Staff and we will be happy to assist you.
- For health reasons, we request that gymnasts that eat a snack before or between classes wash face and hands in bathroom sink, or clean their face and hands with provided hand sanitizing wipes.
- For sanitary reasons, we request that gymnasts wear shoes from the car to the gym entrance. Then, they may put their shoes and socks in a red cubby box during class. If your gymnast's feet are dirty upon arrival to class, we request that they clean their feet with provided hand sanitizing wipes, or wash their feet in the bathroom sink.
- Please do not allow children to play with or swing on doors.
- Please do not park vehicle in driveway areas. Please park in designated parking spots, out on street, or across the street in dirt lot.
- Please do not allow children to play in the bathrooms.
- Students may bring a water bottle or Gatorade/Powerade to keep in their cubby box. No sodas please.
- For sanitary reasons, students are not allowed on the gym floor with face paint or temporary hair dye in their hair.