

TEAM REVOLUTION

CLUB RULES AND POLICIES

- Payments:** Class tuition is due on the 1st of each month. If tuition is not received by the 5th it is considered late and a \$25.00 late fee will be assessed.
- Registration:** A non-refundable registration fee of \$50.00 is required for each participant in the program. It is a once yearly fee that every student must pay. If a registration fee is not received with the registration packet the student will not be allowed to attend class.
- Withdrawals:** We do not provide refunds for missed classes or withdrawal from the course before the end of the month. Students are considered enrolled for class if they attend any time within the month and will be charged full tuition.
- Make-Ups:** We do not provide make-up lessons. We pay our coaching staff to teach class for your child week after week. Attendance to each class is expected. This guarantees your child a position in the class. This includes vacations. Sorry for the inconvenience.
- Dress Code:** For the safety of your child we require our students to wear leotards. This assures the coaching staff to be able to properly spot the student during training situations. No bobby pins or other accessories will be allowed for the safety of your children. Boys must wear shorts and a compression shirt. Socks MUST be worn to class. If your child attends class without proper attire they will not be allowed to participate and you will be notified. An apparel package must be purchased and worn to class.
- Valuables:** Valuables should not be brought to the gym. Team Revolution will not be held responsible for lost or stolen items.
- Classes:** Classes begin promptly on the hour. If you arrive 10 minutes after the start of your class you will not be allowed to participate. It is very important that you understand for the safety of your child that they receive a proper warm-up and stretching activity that is taught in the first 10 minutes of the class. Safety will always come first.
- Visitors:** Parents are required to watch from the parent viewing area. Your child has a coach, please do not disrupt class by waving to your child or calling them over to talk to them. This is very disruptive and unsafe. Distracting the students can result in serious incidents. Visitors will be asked to leave the facility if the disruption continues.
- Behavior:** Students are required to behave in an orderly manner and conduct themselves with respect to their classmates, instructors and facility. Misbehaving students will receive a warning and then a meeting with the parents. If future instances occur the student may be asked to sit out of class and finally asked not to return.
- Membership:** Team Revolution reserves the right to cancel a student's membership at any time. Once you are enrolled into Team Revolution you are considered enrolled concurrently. If you wish to cancel your membership we require a two week (2) disenrollment notice. You will be billed until we receive a disenrollment notice.

I have read, and agree to abide by the above listed rules and policies.

Parent/Guardian: _____ Student: _____

Witness: _____ Date: _____

TEAM

REVOLUTION

Athlete Registration Information

Please fill out all blank spaces and submit form to the office. *Note: Students will not be allowed to participate in class until all registration forms are complete.*

Student Information

Student Name: _____ Sex: ___ M ___ F Birthdate: _____ Age: ___
Student Name: _____ Sex: ___ M ___ F Birthdate: _____ Age: ___
Student Name: _____ Sex: ___ M ___ F Birthdate: _____ Age: ___
Father's Name: _____ Mother's Name: _____
Address: _____
City: _____ ZIP Code: _____

Contact Information

Father Phone (Cell): (____) _____ Mother Phone (Cell): (____) _____
E-mail Address: _____ E-mail Address: _____

Emergency Information

Emergency Contact: _____ Emergency Number: (____) _____
Relation: _____

Medical History and Information

Insurance Company: _____ Policy #: _____
I am covered by this Policy ___ Yes ___ No Birthdate: _____
Family Doctor: _____ Phone: (____) _____
Medication Currently Taking: _____

Do you have or have you ever been diagnosed by a physician with Asthma: ___ Yes ___ No

Are you allergic to the following:

___ Aspirin ___ Penicillin ___ Sulfa ___ Codeine ___ Demerol ___ Antibiotics ___ Laxatives

Previous Surgeries (please list procedures and dates): _____

Have you been restricted by a physician to participate in physical activity? ___ Yes ___ No

Issues that Team Revolution should be aware of: _____

Disclaimer & Agreement

I assure the previous responses are truthful to the best of my recollection.

Student Signature: _____ Date: _____

If under 18 a parent/guardian must also sign

Parent/Guardian Signature: _____ Date: _____

TEAM REVOLUTION

Read the following carefully and sign below

Note: Parent and student must sign if the student is under 18 years of age

Athlete Membership Agreement and Information

Fill in all blanks, submit forms for the current season only, bearing original signatures (photocopies and facsimiles are not acceptable).

Agreement

In consideration of my membership in Team Revolution, and my participation in Team Revolution classes, events, competitions and activities, I agree to be bound by each of the following:

- 1. Eligibility:** I agree to comply with the club rules and policies of Team Revolution.
- 2. Readiness to Participate:** I will only participate in those Team Revolution classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself without injury.
- 3. Medical Attention:** I hereby give my consent to Team Revolution to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- 4. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that Team Revolution and the sponsor of any Team Revolution event along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through: _____

I am a citizen of the United States of America: ____ Yes ____ No

Signature of Athlete: _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand, accept and have read, each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Team Revolution.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

TEAM REVOLUTION

Read the following carefully and sign below

Note: Parent must sign if the student is under 18 years of age

Club Waiver and Release Form

I fully understand that Team Revolution staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Team Revolution staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by Team Revolution staff to call our doctor and to seek medical help, including transportation by a Team Revolution staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should be the Team Revolution staff deem this to be necessary.

Parent/Guardian Signature: _____ Date: _____

We the staff of Team Revolution recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading and dance can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. The Team Revolution, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case of any exhibition, competition, camp, or clinic in which he or she may participate while travelling to or from the event. With the above in mind, and being fully aware of the risks and possibility on injury involved, I consent to have my child or children participate in programs offered by Team Revolution. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Team Revolution and/or its representatives whether paid or volunteer. 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. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Team Revolution will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian Signature: _____ Date: _____