GOLD COAST GYMNASTICS
APPLICATION

Please include First and Last names for each gymnast and for both parents.

1st Gymnast _____ DOB_____ Class Assigned_____

2nd Gymnast_____ DOB_____ Class Assigned_____

3rd Gymnast_____ DOB_____ Class Assigned_____

4th Gymnast_____ DOB_____ Class Assigned_____

Address_____ City_____ Zip_____

Father's name _____Father's work #_____

Mother's name _____Mother's work #_____

Home #_____Father's Cell #_____Mother's Cell #_____

E-mail address (es) _____

In an emergency notify _____Phone _____Relationship _____

Insurance Company _____Policy #_____

Additional Information: **(Allergies, Medication, Special Care or if the child has preexisting condition which can be associated with gymnastics)**

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NOTICE OF POTENTIAL INJURY

Any activity involving motion, rotation or height may cause serious accidental injury, paralysis or possible death. All gymnasts, parents, relatives and guardians agree to abide by the rules and regulations set by Gold Coast Gymnastics (posted on walls) for the health, safety and welfare of the gymnasts. Gold Coast Gymnastics reserves the right to dismiss any gymnast whose conduct or influence is deemed unsatisfactory without refund.

In addition, in case of medical emergency, I hereby give permission via my signature to hospitalize and secure proper treatment for the gymnast listed above.

I release all coaches, directors and any personnel associated with Gold Coast Gymnastics Club from any and all liability due to accidents occurring before, during or after gymnastics instruction at the club. I further realize that Gold Coast Gymnastics carries only liability and secondary medical insurance coverage and that my gymnast is covered with the appropriate medical insurance listed above.

I agree to make full monthly tuition payments, unless written notification of intent to cancel is made two weeks in advance of any month. Payment is due at the first class of each month and late by the 10th. A $10 late fee will be charged and added to your bill.

In signing this document, I irrevocably state that I fully understand the terms and conditions set forth above by Gold Coast Gymnastics Club.

SIGNATURE:_____ DATE:_____