



# ST. CHARLES GYMNASTICS ACADEMY

## NEW STUDENT REGISTRATION FORMS 200\_\_

Date: \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Medical Conditions or Medications Used: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

M/F	Child's Name:	Session:	Birth Date:	Class:	Day/Time:	Cost:
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

### TO BE FILLED BY OFFICE ONLY

Total Cost: \_\_\_\_\_ (of all children)

Prorate Total: \_\_\_\_\_ (Holidays or week started)

Discount 10% 2nd/ 5% on 3rd: \_\_\_\_\_ (Lesser fees)

Yearly Registration fee \$45.00 per child: \_\_\_\_\_

Grand Total: \_\_\_\_\_ V / MC (circle one)

Check #: \_\_\_\_\_ Cash #: \_\_\_\_\_ Auth. # \_\_\_\_\_

REGISTRATION IS PAYABLE THROUGH THE MAIL WITH A CHECK OR CREDIT CARD. MAKE CHECKS PAYABLE TO ST. CHARLES ACADEMY. IF PAYING WITH A CREDIT CARD, PLEASE FILL OUT THE FOLLOWING INFORMATION OR YOUR CLASS SPACE WILL NOT BE HELD.

NAME: \_\_\_\_\_ CARD #: \_\_\_\_\_ EXP: \_\_\_\_\_

VISA / MASTERCARD (circle one) AUTH #: \_\_\_\_\_ CHECK #: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**ST. CHARLES GYMNASTICS ACADEMY**  
**MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

IN CONSIDERATION OF MEMBERSHIP IN THE ST. CHARLES GYMNASTICS ACADEMY FROM THIS POINT FORWARD, REFERRED TO AS "STC", AND BEING ALLOWED TO PARTICIPATE IN STC EVENTS AND/OR MEMBER CLUB ACTIVITIES, THE PARENT(S) AND/OR LEGAL GUARDIAN(S) OF THE MINOR PARTICIPANT NAMED BELOW AGREE TO:

1. Participant shall be instructed to and shall carefully review and follow all USAG & STC Gymnastics Safety Rules and Policy.
2. I/WE fully understand and will instruct the minor participant that
  - a. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
  - c. These risks and dangers may be caused by negligence of the participant or the negligence of others; and
  - d. There may be other risks not known to us or not reasonably foreseeable at this time.  
Example: sickness, headache, depression
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by STC, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premises used to conduct the events or activity and each of them, their officers, directors, agents, and employees.
4. I/WE agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs and/or STC.
5. I/WE accept that the participant is responsible to use the equipment properly as instructed by STC coaching staff and employees.

I/WE HAVE READ THE ABOVE AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
WITNESS/DIRECTOR

Member Institution: ST. CHARLES GYMNASTICS ACADEMY

Signing this form does not wave your rights in any way. This form is to inform students and parents/guardians of the dangers involved in Gymnastics if not done under supervision or with proper equipment and instruction.