

Donna's Gym-Nastics Registration Form for New Season

On-site registration dates... At the end of each session, Donna's Gym-nastics offers various on-site registration dates that give you an opportunity to come in and sign-up for next term's classes. After these dates, registration is done by mail. Registration is on a first come, first served basis. NO spots will be held without payment in full.

Gymnastics Insurance/Registration Fee... There is an insurance/registration fee that is NON-REFUNDABLE and due for all students before they can register for a class. This fee is paid once a year and covers you from your initial session until the following Fall. The first night of each new session, parents are required to stay for the first 10 to 15 minutes of class for announcements and handouts.

Important Student Information (Please fill out completely)

1st Student's Name	Birth Date	Age	
Clinic OR Class Name	Class Time	Class Day	Cost
			\$

2nd Student's Name	Birth Date	Age	
Clinic OR Class Name	Class Time	Class Day	Cost
			\$

3rd Student's Name	Birth Date	Age	
Clinic OR Class Name	Class Time	Class Day	Cost
			\$

Parent's Name(s) _____ E-mail _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Daytime# _____ Emergency # _____

How did you hear about us? Yellow Pages Newspaper School Flyer Magazine Word of Mouth Friend Website

If you were referred by a friend, what is their name? _____

* If you sign up two or more siblings you receive a 5% discount off of class tuition fees. If you sign up a child for two or more classes(except Performance/Show Team), you also receive a 5% discount off the total tuition fees. Just total up the full price of each class and multiply by .05 then deduct this amount from the full price! (This can not be combined with any other discount, such as the early registration discount).

PARENTS AND GUARDIANS – PLEASE READ AND SIGN BELOW

I am aware that participation in gymnastics involves risk and possible injury. I understand and agree that Donna's Gym-Nastics and its staff will assume no responsibility for injury or medical expenses incurred by my child(ren) or myself. My child(ren) nor I has (have) no physical, medical or emotional problems that would interfere with participation in this program.

I understand that once the session has begun there are NO REFUNDS OR CREDITS. I have read and understand the rules and policies of Donna's Gym-nastics and I agree to abide by them.

Signature of Parent or Guardian _____ Date _____

Make checks payable to: Donna's Gym-nastics, (\$25 service charge on all returned checks!)

Annual Insurance/Registration Fee		\$
Class Tuition Fee	+	\$
Multiple Enrollment or Early Reg. Discount	-	\$
TOTAL AMOUNT DUE		\$

_____ Credit _____ Cash _____ Check Ck. # _____

Donna's Gym-Nastics Insurance/Registration Form

Child's Name _____ **Age** ____ **Sex** ____ **Birthdate** _____
Last First Middle

Child's Name _____ **Age** ____ **Sex** ____ **Birthdate** _____
Last First Middle

Child's Name _____ **Age** ____ **Sex** ____ **Birthdate** _____
Last First Middle

Child's Name _____ **Age** ____ **Sex** ____ **Birthdate** _____
Last First Middle

Parent's Names _____ Email _____

Address _____ City/State/Zip _____

Telephone # _____ Dad Work # _____

Emergency # _____ Mom Work # _____

School _____ Grade _____

Medical Insurance _____ Doctor/Pediatrician _____

(you must have your own health insurance- our insurance fee is for gymnastic & liability insurance)

How did you hear about our program? _____

Are there any physical or emotional limitations the instructors should consider when working with your child? _____ If so, please explain _____

Has your child had previous experience? _____ Where? _____

Does your child have any of the following medical conditions (mental or physical) or medications we should be aware of, including but not limited to (circle all that apply): *seizures, Down's Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart condition, etc.* *****ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTIC" &/or "DANCE," or "CHEER."**

INITIALS: _____ **DATE:** _____

*****Please list any other such as asthma, broken bones, or write "none." _____**

I have read and understand the rules and policies of Donna's Gym-Nastics, LLC. I understand that Donna's Gym-Nastics, LLC DOES NOT GIVE CREDITS OR REFUNDS. Any withdrawals must be made 7 days in advance in writing. I also consent to the use and reproduction by Donna's Gym-Nastics, LLC any photographs taken of my child(ren) by or on behalf of Donna's Gym-Nastics, LLC from this day, without compensation to me or to my child.

Parent's Signature _____ **Date** _____

Covid-19 Procedures & Customer Agreement

During the Covid-19 Pandemic, Donna's Gym-nastics is asking their families, as well as, their staff, to do their part to help keep all students, staff, and families safe.

I understand & agree that:

1. My child(ren) will have frequent opportunities to sanitize their hands and feet while inside the gym of Donna's Gym-nastics.
2. My child(ren) will have their temperature taken and hands & feet sanitized by Donna's staff before entering the gym.
3. To keep my child(ren) home if they or anyone in my family is coughing, has a temperature over 100 degrees, or other Covid-19 symptoms.
4. Donna's Gym-nastics' **Illness Policy** is that a child that is sick contagious must be fever free for 24 hours, before returning to Donna's Gym-nastics programs. PINK EYE & LICE are considered contagious and must be cleared before returning.
5. Upon arrival, Donna's Gym-nastics ask that:
 - Parents drop off their child(ren) or allow only **1 parent** inside the facility. **If requested**, staff can be available to escort children into the facility.
 - All parents and participants **MUST** enter Donna's Gym-nastics wearing a **MASK**. **Masks** will **NOT** be for students to wear during their lesson or class.
 - **NO** parents or spectators will be allowed in the gym or waiting area during lessons/classes.
 - Anyone is entering Donna's Gym-nastics, should practice social distancing in the waiting area, as well as, follow signs and floor markings in the waiting area.
 - No more than 2 or 3 people in the waiting area at one time.
6. My **promptness** is required & important when dropping off & picking-up my child(ren). Private lessons & class times have been adjusted & staggered to ensure minimum numbers in the gym, as well as, safe entrance & exit procedures from the gym. This also allows for staff the necessary time to clean between each lesson or class. 😊
7. My contact information should be up to date and that I remain reachable while my child is attending lessons/class.
8. Staff members from Donna's Gym-nastics will be required to wear masks in the gym. They will also make a strong effort to socially distance but I understand that due to the nature of the sport, there will be times that contact or less than prescribed physical distancing will occur.
9. Spotting is sometimes necessary for safety and to prevent injury. Children will only be spotted as needed.
10. I am allowing my child(ren) to participate at Donna's Gym-nastics, knowing that it is impossible to keep them, myself, or any other individual inside the gym completely safe from COVID-19 exposure.
11. These procedures will evolve and change over time, and that I will follow any new standards by the state and local government, & by Donna's Gym-nastics.
12. Donna's Gym-nastics is **requiring** students bring a backpack, string bag or gym bag large enough to store their jackets, clothes, mask, & shoes. Outside identification like a luggage tag, unique ribbon or name tag -something for your child to easily identify it by. We also recommend them to have extra hair ties, band-aids and tissues.
13. My child (ren) can bring a water bottles with their name on it OR they can purchase a bottle of water for \$1 at the front desk. NO drinking fountain is available OR NO cups will be provided for water.

I, _____ (parents **print** your full name), have read, understood., and agree to follow the following policies and procedures. I want to do my part to help Donna's Gym-nastics keep ALL students, instructors & families safe during the Covid-19 pandemic. I also understand that if there is another state shutdown that Donna's Gym-nastics will continue the remaining classes of the session with Zoom classes.

I give my permission for Donna's Gym-nastics send my text messages to this phone # _____ &/or email _____ @ _____ .com for notifications.

Signature of Parent or Guardian _____ Date _____