

CLINTON TURNVEREIN – GYMNASTICS PROGRAM

REGISTRATION PROCEDURE

- ❖ Return completed registration form (one/child) and fee
- ❖ Registration form must be completed and filed in the office before a student may participate in classes or any other event.
- ❖ Classes must have a minimum number of students in order to continue. Clinton Turnverein reserves the right to combine or cancel classes.
- ❖ Assume registration has been accepted, unless otherwise notified.
- ❖ Classes will have a maximum number of students per coach for the benefit and safety of your own child.
- ❖ Please, refer to the rule regarding moving from one level to the next, in order to know which class your child should be enrolled.

TERMS OF PAYMENT

- ❖ FULL PAYMENT is due upon registration.
- ❖ All payments must be by check or money order drawn in US dollars on funds on deposit in the US, or cash in US dollars.
- ❖ Make checks or money orders payable to **Clinton Turnverein** and return with registration form.
- ❖ When making payment by check, make sure to write the amount down on your check book. Checks returned unpaid for insufficient funds will cause the following:
 1. Your child will not be allowed to continue in class until new payment is made.
 2. New payment will have to be made in cash in US dollars, by certified bank check or money order.
 3. A reprocessing fee in the amount of US \$25.00 will be charged in addition to the amount of the returned check.
- ❖ In order to receive the special price for Clinton Turnverein members, you have to be a member by the time of registration. Your membership number will be required. Member prices apply just if you are a parent or legal guardian of the child who is being enrolled in our program.
- ❖ NO REFUNDS will be given for any reason other than injury or illness, verified by a physician's letter.

I have read, accepted and understand both pages/sides of this registration form, including the agreement and waiver of liability sections.

Printed name of parent or legal guardian

Signature of parent or legal guardian

STUDENT'S INFORMATION

Class choice: _____ Age: _____

Student's Name: _____ Female Male DOB: ____ / ____ / ____

Address _____ City _____ ZIP _____

Father's Information:

Name: _____ Telephone _____

E-Mail _____ Alternate Telephone: _____

Mother's Information:

Name: _____ Telephone _____

E-Mail _____ Alternate Telephone: _____

- ❖ ANY PROBLEMS THAT MIGHT BE SIGNIFICANT ABOUT YOUR CHILD SUCH AS ALLERGIES, INJURIES, MEDICATIONS, ETC. SHOULD BE LISTED HERE AND SHOULD BE BROUGHT TO THE ATTENTION OF THE INSTRUCTORS AND/OR COACHES.

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AGREEMENT

In consideration of my child's participation in Clinton Turnverein classes, events, and activities, I/my child agree to be bound by each of the following:

1. My child agrees to comply with the rules of Clinton Turnverein.
2. I fully understand that it is my responsibility to review with my child all of the rules and safety policies of the Clinton Turnverein.
3. My child will only participate in those Clinton Turnverein classes, events, and activities for which I believe my child is physically and psychologically prepared. Prior to participation, my child will have practiced his/her exercises and will perform only those exercises which he/she has accomplished to the degree of confidence necessary to assure that my child can perform them by him/herself, and without injury.
4. Medical Attention: I hereby give consent to Clinton Turnverein and/or the Host Organization 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 child's participation.

WAIVER OF LIABILITY

Waiver and release: I am fully aware of and know the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with my child's participation in gymnastics activities and events. I understand that any activity involving height or motion can incur the risk of accidental injury. I further agree that the Clinton Turnverein, and the sponsor of any Turnverein events, 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 a child's participation in the event. Gymnastics can be dangerous and can lead to injury!

I, as the parent and legal guardian of my child, will make my child aware of the possibility of injury, and I will encourage my child to follow all the safety rules and the coaches' instructions.

The Clinton Turnverein, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, open workouts, or in the course of any exhibition, competition, or clinic in which the student may participate in, or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by Clinton Turnverein. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against the Clinton Turnverein 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 is considered 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. Clinton Turnverein will only warn the child through "Safety messages" and our teaching style and progressions.

As legal parent or guardian of the athlete, I hereby verify by my signature below that I fully understand and accept the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Clinton Turnverein.

Printed name of parent or legal guardian

Signature of parent or legal guardian

Membership # _____

Today's Date ____ / ____ / ____

OFFICE USE ONLY

Member Membership # _____ Class student is assigned to: _____

Session (1) Fee _____ Amount Paid _____ Check # _____ (cash) (money order)

Date ____ / ____ / ____ Balance Due _____ Check # _____ (cash) (money order)

Session (2) Fee _____ Amount Paid _____ Check # _____ (cash) (money order)

Date ____ / ____ / ____ Balance Due _____ Check # _____ (cash) (money order)

Print Form