Gold Coast Gymnastics, Inc.					Enr	ollme	ent	Form	Yearly Membership: \$40.00 individual\$20.00 sibling				
1420 Rupp Lane- Lake Worth Beach, Fl. 33460									OFFICE: 1-2-3-4-5-6-7-8-9-10-11-12 OG				
(561) 585-2700- Website: www.gcgym.com E-mail: info@gcgym.com				Form to be completed every school year in August					E:				
Child # 1				Μ	F	Age	Birthdate	Current	Sch	ool			
Full Name:				Voo		No			Grade				
Does child use medical device: Glasses, hearing aid/cochlear, Insulin pod Does child have ANY physical, mental, or other challenges:					Yes No explain Yes No explain								
Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.					Yes No explain								
Any Allergies? (explain sensitivity), strawberries, adhesives, etc.? Child # 2				M		F	Age	Birthdate	Current School				
Full Name:					Grade		Grade						
Does child use medical device: Glasses, hearing aid/cochlear, Insulin pod				Yes No explain									
Does child have ANY physical, mental, or other challenges: Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.				Yes No explain									
Any Allergies? Nuts-(explain sensitivity), strawberries, adhesives, etc.?					Yes No explain								
Primary contact phone number:													
E-MAIL:													
Home Address						A 11 //		City			Zip		
Mother Full Name						Cell #			Are you a Parent Participant in the 2-3 yrs. old Mini Dragons class:		Yes	No	
Father Full Name						Cell #			Are you a Parent Participant in the 2-3 yrs. old Mini Dragons class:		Yes	No	
Other Guardian Relation to student						Cell #			Are you a Parent Participant in the 2-3 yrs. old Mini Dragons class:		No		
Do you have a custody order for above child/children? No: Yes: If yes - documentation will be required.													
Rules & Policies Initial Payments: Cash, checks, Visa, M/C & Discover Credit Card. \$30.00 fee for NSF check- Only complete/full tuition payment will enroll a student. <u>Gold Coast DOES NOT offer</u>													
IIItiai	refunds or credits for tuition, yearly membership, classes, camps, or special activities, for day/time/classes missed. This includes absence, illness, injury, vacations, holidays,												
Initial	weather conditions, closures of the gym due to weather, natural disaster, electrical, pandemics or any other reason. Make-Up Policy: Gold Coast will offer ONE (1) group rescheduled/absent class on the last week (week #8) of each Term. Only ONE (1) missed class may be rescheduled. No												
Initial		ts to the following Term. Make-up is not guaranteed and must be prescheduled.											
	scheduled class to	duled class to be evaluated. Advancements are based on student skill ability. Skills must be maintained to advance is a safe manner											
Initial		nts are not permitted to participate in class. If a student/parent has symptoms of being ill – they will be dismissed early from class. This includes runny nose, ng, pink eye, ring worm, open sore/wounds. *** Students must be in clean/ unsoiled attire for class This is for the safety of all.											
Initial		udent Expectations: GGC requires all students to have and follow proper gymnastics etiquette/behavior/rules. Respect the class, coach, and others. Rudeness/disrespect will to to follow directions, listen respectfully to all instructions, participate at stations and activities and remain with the class/coach during the											
	class. Students w	class. Students who do not follow directions, rules or proper etiquette will not be permitted to participate in activities. **If deemed necessary, the student will be dismissed to the											
Initial	parent/guardian. Gold Coast Gymnastics, Inc. reserves the right to refuse service Photo & Video Use Waiver & Release: I, hereby grant and authorize Gold Coast Gymnastics, Inc. the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of												
		ctures or video taken of me to be used in and/or for promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, websites, social brking sites and other print and digital communications. This authorization extends to all media, formats, and markets. This authorization shall continue indefinitely unless I											
	otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Gold Coast Gymnastics, Inc. and will not be returned												
DISCOUNTS- 10% discounts for siblings/multiple classes, Half off yearly registration. Priority Enrollment-students current class spot is available for re-enrollment during the designated week.													
Girls Attire: Leotards only. Hair up & away from face. No jewelry (stub earrings ok) Not Permitted: tank tops/sports bra/mid drift, t-shirts with shorts, jewelry.													
Boys Attire: Tight Athletic T-shirt and stretchy shorts No clothing with buttons or zippers. No jeans/shorts. All classes are with bare feet. Gold Coast Gymnastics, Inc. reserves the right to refuse service													
Viral Waiver By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. Commonly transmitted between persons rather than from equipment to person. Although we regularly sanitize our equipment and													
presently are using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the MRSA, Influenza coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke, or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacteristing any existing symptomis even if arising from the negliagence of the releases or others and you fully agree to accept all risks or feating unity. using the equipment, working with coaches, attending classes, interacting or being													
or contition, nor for exacerbating any existing symptoms, even if ansing from the negligence of the releases or others and you fully agree to accept all risks or entering the facility, using the equipment, working with coacnes, attending classes, practices and/or interacting or being exposed to other members I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even death. I understand and agree													
that GOLD COAST GYMNASTICS, INC., and its entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental, or emotional problems that would interfere with participation in this program. I give permission for a Doctor, Medical Professional or Hospital to treat me, my child in the event of a medical													
emergency. By signing this form, I verify that all information above is accurate, I have read and understand all rules and policies, viral waiver, consent for participation, medical waiver.													
* Parent		arental Signature				Date							
						1 st ch	nild		2 nd child / class (10% disc)				
Program													
Yearly Membership \$40 \$20 sibling													
Total Te	rm Tuition:	8-7-6-5-4-3-2-1-E											
Total Paid: \$				Payment receipt: Cash- check # CC# approval code									