Gold Coast Gymnastics, Inc. 1420 Rupp Lane- Lake Worth Beach, Fl. 33460

Enrollment Form 2025-2026 school year

Yearly Membership: \$40.00 individual --\$20.00 sibling OFFICE: 1-2-3-4-5-6-7-8-9-10-11-12 OG

(561) 585-2	2700- Website: w F-mail: info@co		Fo				year in August	E:	-4-3-0-7	-0-9-10-1	1-12 00	
E-mail: info@gcgym.com Child # 1 Full Name:				М	F	Age	Birthdate	Current Grade	Sch	School		
	I	Yes	No	Love	loin	Grade	—					
Does child use medical device: Glasses, hearing aid/cochlear, Insulin pod Does child have ANY physical, mental, or other challenges: Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.			s:	Yes	No		explain explain					
Any Allergies? (explain sensitivity), strawberries, adhesives, etc.?				Yes No explain								
Child # 2 Full Name:				М	F	Age	Birthdate	Current Grade	Sch	ool		
Does child use medical device: Glasses, hearing aid/cochlear, Insulin pod			in pod	Yes	No	exp	lain	•				
Does child have ANY physical, mental, or other challenges: Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.			s:	Yes No explain								
Any Allergi		Yes No explain										
Primary	contact phon	ie number:										
E	E-MAIL:											
Home Address			City					Zip				
Mother F				Cell #			Are you a Parent Participa the 2-3 yrs. old Mini Drago		Yes	No		
Father F	ull Name				Cell#			Are you a Parent Participa the 2-3 yrs. old Mini Drago	ons 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 l	have a custody ord	er for above child/children?	No: Y	es:	lf y	es - docum	entation will be re	equired.				
					Rules & P							
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 refunds or credits</u> for tuition, yearly membership, classes, camps, or special activities, for day/time/classes missed. This includes absence, illness, injury, vacations, holidays, weather conditions, closures of the gym due to weather, natural disaster, electrical, pandemics or any other reason.											
Initial	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 transfers/credits to the following Term. Make-up is not guaranteed and must be prescheduled.											
Initial	School Age Developmental Class Testing/Evaluations- Held on the final week of each Term Only. Testing/Evaluations cannot be made up. Students need to attend their regularly scheduled class to be evaluated. Advancements are based on student skill ability. Skills must be maintained to advance is a safe manner											
Initial	Sick students/pare	ts/parents 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, , vomiting, pink eye, ring worm, open sore/wounds. *** Students must be in clean/ unsoiled attire for class This is for the safety of all.										
Initial	Student Expectations: GGC requires all students to have and follow proper gymnastics etiquette/behavior/rules. Respect the class, coach, and others. Rudeness/disrespect will not be tolerated. Students are expected to follow directions, listen respectfully to all instructions, participate at stations and activities and remain with the class/coach during the										during the	
	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 parent/guardian. Gold Coast Gymnastics, Inc. reserves the right to refuse service											
Initial	Photo & Video Us	se Waiver & Release: I, hereby g	grant and a	authorize G	old Coast	Gymnastics,	Inc. the right to take	e, edit, alter, copy, exhibit	t, publish, d	listribute, and	make use of	
	all pictures 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 networking 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											
	rs - 10% discounts	for siblings/multiple classes, Ha	alf off yea	arly registr	ration.			ty of cold count cyllinds	o., mo. a	1101 00	Juliou	
		current class spot is available for										
		ir up & away from face. No jew hirt and stretchy shorts No cl								ewelry.		
Doys Aune	. Hynt / tilletic 1-3						nt to refuse service					
as the coronavirus (presently are using breath, pneumonia,	(COVID-19). The coronavirus is enhanced cleaning methods a kidney failure, and may include exacerbating any existing sym	re that you agree to fully accept all known and unkr s primarily transmitted via exhaled respiratory dropl of enforcing social distancing in our facility, you un e other symptoms, stroke, or even death (collective ptoms, even if arising from the negligence of the re	lets, most ofter derstand that y ely "Symptoms"	n through cough you may be exp "). You understa	ning and sneezing sosed to the MRS and and agree the	ng. Commonly tran SA, Influenza cord nat you will hold us	smitted between persons rati navirus or its symptoms throus harmless and you will not he	her than from equipment to person. ugh no fault of our own. Known coro old us liable for any real or perceived	Although we re navirus symptor d Symptoms of 0	gularly sanitize ou ns include fever, c COVID-19 or any c	r equipment and coughing, shortness of other disease, illness,	
that GOLD COA (have) no physi	AST GYMNASTICS, INC	stics activities involves motion, rotation, c., and its entire staff and volunteers will all problems that would interfere with part	assume no	responsibili	ty for injuries	or medical ex	penses incurred by my	son, daughter, student(s) o	r myself. My	student(s), ch	nild (or I) has	
		at all information above is accura	ate, I have	read and	understan	nd all rules a	and policies, viral v	vaiver, consent for part	icipation, ı	medical wai	ver.	
* Parent	Name-(Print)_			_Parental Signature					Date			
		1 st child				2 nd child	/ class	(10%	disc)			
Progran												
Yearly M												
Total Te												
Total Paid: \$				Payment receipt: cash- check# CC# approval code								