

Gold Coast Gymnastics, Inc. 1420 Rupp Lane- Lake Worth Beach, Fl. 33460 (561) 585-2700- Website: www.gcgym.com E-mail: info@gcgym.com	<h2 style="margin:0;">Enrollment Form</h2> <h3 style="margin:0;">2024-2025 school year</h3> <p style="margin:0; font-size: small;">Form to be completed every school year in August</p>	Yearly Membership: \$40.00 individual --\$60.00 family (3max) OFFICE: 1-2-3-4-5-6-7-8-9-10-11-12-E
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Child # 1	M	F	Age	Birthdate	Current Grade	School
Full Name:						
Does child use medical device: glasses, hearing aid/cochlear, Insulin pod		Yes	No	explain		
Does child have ANY physical, mental, or other challenges: <small>Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.</small>		Yes	No	explain		
Any Allergies? Nuts-(explain sensitivity), strawberries, adhesives, etc.?		Yes	No	explain		

Child # 2	M	F	Age	Birthdate	Current Grade	School
Full Name:						
Does child use medical device: glasses, hearing aid/cochlear, Insulin pod		Yes	No	explain		
Does child have ANY physical, mental, or other challenges: <small>Epilepsy, ADD, ADHD, Cerebral Palsy, Learning/ processing delay, Autistic, etc.</small>		Yes	No	explain		
Any Allergies? Nuts-(explain sensitivity), strawberries, adhesives, etc.?		Yes	No	explain		

Primary Contact	CELL:				
E-MAIL					
Home Address	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:	Yes	No

Do you have a custody order for student? 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. <i>Gold Coast DOES NOT offer refunds or credits</i> for tuition, yearly membership, classes, camps, or special activities. No credit/transfer/refunds 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. Contact the front desk to schedule class. Make-ups are <u>not guaranteed</u> and are based on class availability 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 in a safe manner
Initial	Sick students are not permitted to participate in class. If a student has symptoms of being ill – they will be dismissed early from class. This includes and is not limited to- runny nose, cough, fever, vomiting, pink eye, ring worm, open sore/wounds. Students must be in clean/ unsoiled attire for class—(Potty/bathroom). This is for the safety of all.
Initial	GCG requires all participants to have and follow proper gymnastics etiquette/behavior/rules. Participants not following etiquette/rules will not be permitted to participate in activities. If deemed necessary, students may be released from class/program/gym.
Initial	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 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

DISCOUNTS- 10% discounts for siblings/multiple classes Family Yearly Membership \$60.00. ONLY one type of discount may be used per child.
Priority Enrollment- To guarantee your current class space in the following Term, payment may be made during the designated week. Only existing students may enroll during PE.

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 persons. 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 exacerbating any existing symptoms, even if arising from the negligence of the releases or others and you fully agree to accept all risks of entering the facility, using the equipment, working with coaches, 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 Name-(Print) _____ Parental Signature _____ Date _____

	1st child	2nd child / class (10% disc)
Program -- Class Day -- Class Time		
Yearly Membership \$40/ \$60 fam		
Total Term Tuition: 8-7-6-5-4-3-2-1-E		
Total Due		
Total Paid: \$	Payment receipt: Cash- check # _____ CC# approval code _____	