

<b>Gold Coast Gymnastics, Inc.</b> 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;">2020-2021 school year</h3>	<b>Yearly Membership:</b> <i>New - Renewal</i> \$40.00 individual --\$60.00 family (3max) <b>Enrollment Month</b> 1-2-3-4-5-6-7-8-9-10-11-12
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**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

<b>Child # 1</b>	<b>Full Name</b>	<b>M/F</b>	<b>Age</b>	<b>Current Grade</b>	<b>Birthdate</b>	/ /	
<b>Any physical, mental limitations or challenges?</b>		<b>Yes</b>	<b>No</b>	<b>explain</b>			
<small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>							
<b>Any Allergies? Nuts, strawberries, adhesives, etc.?</b>		<b>Yes</b>	<b>No</b>	<b>explain</b>			
<b>Child # 2</b>		<b>Full Name</b>	<b>M/F</b>	<b>Age</b>	<b>Current Grade</b>	<b>Birthdate</b>	/ /
<b>Any physical, mental limitations or challenges?</b>		<b>Yes</b>	<b>No</b>	<b>explain</b>			
<small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>							
<b>Any Allergies? Nuts, strawberries, adhesives, etc.?</b>		<b>Yes</b>	<b>No</b>	<b>explain</b>			

<b>PHONE Number</b>	<b>CELL (    )</b>	<b>HOME (    )</b>
<b>E-MAIL</b>		
<b>Home Address</b>	<b>City</b>	<b>Zip code</b>

<b>Mother Name</b>	<b>Cell # (    )</b>	<b>Are you a Parent Participant in the Mini Dragons class: Yes- No</b>
<b>Father Name</b>	<b>Cell # (    )</b>	<b>Are you a Parent Participant in the Mini Dragons class: Yes- No</b>
<b>Additional Guardian Relation to student</b>	<b>Cell # (    )</b>	<b>Are you a Adult Participant in the Mini Dragons class: Yes- No</b>
<b>Emer Contact</b>	<b>Cell # (    )</b>	

Rules & Policies	Initial
<b>1</b> Only complete/full tuition payment will enroll a student. <b>Payments:</b> Cash, checks, Visa, M/C & Discover Credit Card. \$30.00 fee for NSF check <b>Gold Coast DOES NOT offer refunds or credits</b> 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.	
<b>2</b> <b>ABSENT/MAKE-UP POLICY:</b> Two absent classes may be made-up the current Term. 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.	
<b>3</b> 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.	
<b>4</b> <b>DISCOUNTS-</b> 10% disc siblings. Family Yearly Membership \$60.00. 10% discount for additional classes. ONLY one type of discount may be used per child	
<b>5</b> <b>Members Only Priority Enrollment-</b> To guarantee your <b>current</b> class space in the following Term, payment may be made during the designated week. Only existing students may enroll during PE. After PE there will be open enrollment for available classes.	
<b>6</b> <b>ATTIRE FOR CLASSES</b> <u>Girls Attire:</u> Leotards only. <u>Not Permitted:</u> bare mid drift, t-shirts with shorts, jewelry. Hair up & pulled away from face. <u>Boys Attire:</u> Tight Athletic T-shirt and stretchy shorts- No clothing with buttons or zippers. No jeans shorts.	

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 my child in the event of a medical emergency.

**I have read and understand the consent for participation and Medical Waiver and Rules and Policies**

\* **Parent Name**-(Print) \_\_\_\_\_

\* **Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

	1 <sup>st</sup> child	2 <sup>nd</sup> child / class (10% disc)
<b>Program -- Class Day -- Class Time</b>		
<b>Yearly Membership \$40/ \$60 fam</b>		
<b>Total Term Tuition</b>		
<b>Total Due</b>		
<b>Total Paid: \$</b>	<b>Payment receipt:</b> Cash- check # _____ CC# approval code _____	