Gold Coast Gymnastics, Inc.

1420 Rupp Lane- Lake Worth Beach, Fl. 33460
(561) 585-2700- Website: www.gcgym.com
E-mail: info@gcgym.com

Enrollment Form

2025-2026 school year

Form to be completed every school year in August

Yearly Membership:
$40.00 individual --$20.00 sibling

OFFICE: 1-2-3-4-5-6-7-8-9-10-11-12 OG
E:

Child # 1 **Full Name:**	M ☐	F ☐	Age	Birthdate	Current Grade	School

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? (explain sensitivity), strawberries, adhesives, etc.?	Yes ☐	No ☐	**explain**

Child # 2 **Full Name:**	M ☐	F ☐	Age	Birthdate	Current Grade	School

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		**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 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. ***Gold Coast DOES NOT offer refunds or credits*** 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/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, cough, fever, 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 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 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, 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.

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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 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 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 -- $20 sibling		
Total Term Tuition: 8-7-6-5-4-3-2-1-E		
Total Paid: $	***Payment receipt:*** **Cash- check #**_____ CC# approval code_____	