

# Springer's Gymnastics Release Form

## ATHLETE INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age as of August 31, 2016 \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ School '16-'17 \_\_\_\_\_ Grade '16-'17 \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian's Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Phone # Mom/Dad \_\_\_\_\_  
Mom's Cell Phone # \_\_\_\_\_  
Dad's Cell Phone # \_\_\_\_\_

## Gym Information (Please check all the sections that apply)

**DAYCARE CLASSES & CAMPS:** My child attends Springer's Gymnastics Preschool Gymnastics Day Program. I give Springer's staff permission to transport my child to and from their licensed childcare facility for their skill class. I am fully aware that Springer's Gymnastics Classes are NOT protected nor regulated by the Texas Department of Family and Protective Services and understand the State nor is my child's licensed facility liable for my child once my child is signed over to Springer's Gymnastics. I hereby release Springer's Gymnastics and Creekside Fellowship, and all gym staff and coaches of Springer's gymnastics from any claims, liabilities of whatsoever nature, individually and collectively that may arise.

**BEFORE/AFTER SCHOOL, DAY CAMPS &/OR SUMMER CAMP:** My My child is a member of Springer's Gymnastics Camp licensed by Texas Department of Family and Protective Services Before or After School Program, Holiday Day Camp or Summer Camp.

**GYMNASTICS AND TUMBLING CLASSES:** My child is only a member of Springer's Gymnastics which is exempt from State licensing and is not protected nor regulated by the Texas Department of Family and Protective Services and only attends skilled gymnastic or tumbling class through Springer's Gymnastics.

YES  NO My child will be riding the bus to Springer's after school for class. *\*\* I understand that if I take advantage of this service and I am not a member of Springer's After School Program through Springer's Gymnastics Camp, my child MUST be picked up at 5:00 or he/she will be entitled to be enrolled in Springer's Gymnastics Camp and charged an additional \$20.00 per month for supervision fees from 4-6 on class days. \*\* There cannot be unsupervised children at Springer's before or after your child's specified class time. Thank you for your cooperation with this matter.*

Class you are signing up for: \_\_\_\_\_

Additional Discounted Classes: \_\_\_\_\_

Gymnastics/Tumbling Experience \_\_\_\_\_

I, \_\_\_\_\_ (Guardian) am fully aware of and appreciate the risk of injury associated with the participation in gymnastics, tumbling, or any physical activity demonstrated at this facility. I agree that Springer's Gymnastics Camp, Springer's Gymnastics, Chanelle Springer, Gym Staff and Coaches or Creekside Christian Fellowship shall not be liable for injury as a result of the participation of activities before, during, or after classes and camp. I understand that Springer's Gymnastics, as well as any staff member or coach, is not responsible for providing insurance for the above child enrolled and participating at Springer's Gymnastics. I agree to provide adequate accident and medical insurance for the above child. I agree to assume full financial responsibility for any injury that may occur due to the participation in activities at Springer's gymnastics and on this property.

I, \_\_\_\_\_ (Guardian) request the personnel of Springer's Gymnastics to seek whatever medical care is necessary and advisable should an emergency arise which would require treatment for my child. I hereby release Springer's Gymnastics and Creekside Fellowship, and all gym staff and coaches of Springer's gymnastics from any claims, liabilities of whatsoever nature, individually and collectively that may arise.

Hospital name \_\_\_\_\_ Hospital Address \_\_\_\_\_

Hospital Phone Number \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_ Doctor's Address \_\_\_\_\_

LIST ANY KNOWN ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Annual registration fee- \$25.00 per year Family registration fee- \$45.00 per year

\*\* Monthly Class Tuition Fee (Effective June 2016)

1st Class- \$65.00 per month Additional Classes- \$45.00 per month per class

Before and After School Program- \$60 per week (Drop Off- 6:15am & Pick up- 6:30pm)

SUMMER SESSION: \$90.00 (6-week program)

Flip Flop Clinics/Preschool Gymnastics Day Camps: \$40 per Clinic/Camp or \$110 for ALL 3