

LAST NAME OF CHILD: _____



**ASHLAND FAMILY YMCA
2020/2021 Gymnastics & Parkour
Terms and Conditions**

GENERAL INFORMATION

Name of Participant 1: _____ DOB: _____ Grade: ____ M or F

Name of Participant 2: _____ DOB: _____ Grade: ____ M or F

Name of Participant 3: _____ DOB: _____ Grade: ____ M or F

Name of Participant 4: _____ DOB: _____ Grade: ____ M or F

Address: _____ City: _____ State: ____ Zip: _____

Parent #1: _____ Parent #2: _____

Email: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Primary Phone: _____ Secondary Phone: _____

In consideration of participation in any Ashland Family YMCA gymnastics or parkour classes, my signature below signifies that I have read, agree to and completely understand all the terms and conditions below:

TERMS & CONDITIONS

I understand that my child **MUST** wear a face covering at all times.

Initial

Monthly tuition must be scheduled for automatic payment from a bank account or credit card for the first of the month. I understand that I am enrolled in a class that requires withdrawal notification. If I wish to withdraw from the class, I must notify gymnastics@ashlandymca.org by the 19th of the prior month. I understand there is a \$5 non-transferable; non-refundable deposit per child, per class.

Initial

I understand that 100% of YMCA Gymnastics & Parkour communication regarding announcements, class cancellations, etc. will be via email. All accounts must have a current email address on file by which to receive such correspondence.

Initial

I understand that due to limited instructors and class size, there are no make-up classes allowed for missed classes.

Initial

I understand that an up-to-date YMCA Health Form with Gymnastics / Parkour release is required prior to participation in classes.

Initial



Health History (check those applicable, add approximate dates)

Are all immunizations current: _____

Has this person menstruated____ If not, has she been told about it____ If so, is her menstrual history normal____

Comments (Dietary/health restrictions, behavior, anything you feel the YMCA should be aware of, etc.) It is the responsibility of the parent to verbally communicate all critical information to each program director for every program your child participates in.

NOTIFICATION OF RISK YMCA GYMNASTICS / PARKOUR

Gymnastics/Parkour, like any other athletic activity involving bodily motions that subject the body to contact with other objects that don't move, involves risk of injury. Your child can be injured, and these injuries can be serious. These injuries can include broken bones and are painful. There is NO LANDING SURFACE that can entirely prevent this from happening. Also, no coach, no equipment, and no procedure can completely eliminate risks. Paralysis or death can result from landing improperly on your head or neck.

I certify that I have been notified of risk in gymnastics/parkour/martial arts. I have been notified that the Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA and all staff. Parent's Authorization: The history is correct so far as I know, and the person herein described has permission to engage in all prescribed YMCA activities except as noted by me and the examining physician.

I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. The authorization applies whether the charges are covered by participant insurance or by myself.

- I understand that my child may be photographed and such photography may be used for YMCA promotion.
- I grant permission for my child to participate in activities including, but not limited to, supervised swimming activities and field trips in YMCA vehicles or other modes of transportation authorized by the director.

The Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA. This form may be photocopied.

I have read, understand and agree to all terms and conditions of this agreement

Parent/Guardian Signature _____ Date _____