

**Gymnastics Program
Membership Application Form**

Today's Date ___/___/___

Member Information

Child's Name (First, Middle, Last) _____ Birth Date ___/___/___ Age _____

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

Home Phone: _____ School: _____ Grade: _____ Home Language: _____

Ethnic Group (circle): White Hsp Blk Asn Am Ind Multiracial (specify races) _____ Other _____

Parent/Guardian Information

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Place of Work: _____ Occupation: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Place of Work: _____ Occupation: _____

Emergency Contacts: (other than parents)

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

Household:

Approximate annual income (circle): Under \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 \$20,000 - \$25,000
\$25,000 - \$35,000 \$35,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 Over \$100,000

Member lives with (circle): Two Parents Mother Only Father Only One parent at a time (joint custody) Neither Parent
If Joint custody, please explain: _____

Girls Incorporated Greater Santa Barbara

I hereby give permission for my daughter to become a member of Girls Incorporated. I understand that Girls Incorporated and its personnel are not responsible for personal injury or loss of property. It is understood, however, that my daughter is insured against injury while taking part in Girls Incorporated activities. I give consent to her being examined and treated by a physician or hospital at any time the management of Girls Incorporated thinks it is necessary.

Signature (Parent or Guardian) X _____ Date: _____

Member's Signature X _____ Date: _____

How did you hear about Girls Inc. Gymnastics? (Please circle all that apply)

- | | | |
|----------------|-------------------------------|----------------|
| - Newspaper: | - Magazine: _____ | - Television |
| o Independent | - Friend/Coworker: _____ | - Other: _____ |
| o SB Newspress | - Girls Inc. Youth Buses | |
| o Other: _____ | - School Administrator: _____ | |

HEALTH HISTORY INFORMATION:

IS CHILD SUBJECT TO:

Colds **YES NO**
Sore Throat **YES NO**
Fainting Spells **YES NO**
Bronchitis **YES NO**
Convulsions **YES NO**
Cramps **YES NO**
Allergies **YES NO**

DOES CHILD HAVE OR EVER HAS HAD?:

Heart Trouble **YES NO**
Asthma **YES NO**
Lung Trouble **YES NO**
Sinus Trouble **YES NO**
Hernia (Rupture) **YES NO**
Appendicitis **YES NO**
Has appendix been removed? **YES NO**

Is the child currently under any type of medical treatment? **YES NO**

Please Explain "YES" answers:

LIST ANY ALLERGIES, DIETARY RESTRICTIONS, OR DRUG REACTIONS:

LIST ANY PHYSICAL DISABILITIES THAT MAY LIMIT CHILD'S ACTIVITIES AT GIRLS INC.: (eye sight, hearing, speech, paralysis, diabetes, ulcer, etc)

PLEASE LIST ALL MEDICATIONS THE CHILD IS PRESENTLY TAKING:

Name of Medication Dosage Times Taken Prescribing Doctor _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have medical insurance? YES NO Name of Provider _____

Does your child have dental insurance? YES NO Name of Provider _____

Person(s) to notify in an emergency, if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL RELEASE (Please read carefully)

I, the undersigned, hereby give permission for my child to be given medical treatment by a physician, dentist or qualified attendant at an emergency room, in case of injury or any situation that would require medical attention during or by reason of the Girls Incorporated program or excursions. It is understood that a conscientious effort must be made to notify my spouse or myself before such action is taken but if it is impossible to locate me, the expense of this service will be accepted by me. In the event that such medical treatment is necessary, I agree to release Girls Incorporated of Greater Santa Barbara from any liability in connection with such medical treatment.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PHONE NUMBERS: WORK _____ HOME _____ CELL _____

ADMISSIONS AGREEMENT
Girls Incorporated of Greater Santa Barbara
Gymnastics Program

Release of Liability/Waiver of Liability –

Assumption of full responsibility for all risks of bodily injury, death, or damages: As a parent or legal guardian of _____ (your child's name) I hereby consent to his/her participation in or all the programs offered by Girls Inc. Gymnastics Inc. I understand that participation in gymnastics, trampoline, dance, and any and all other activities at Girls Inc. Gymnastics may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death. Various factors & causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by Girls Inc. Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Girls Inc. Gymnastics, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against Girls Inc. Gymnastics or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. Gymnastics or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Girls Inc. Gymnastics. I, hereby release Girls Inc. Gymnastics and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future.

Should any part of parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

Parent/Guardian Signature: _____ **Date:** _____

Refunds and Credits: Refunds and credits will not be given for the days that child(ren) are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for you child even when your child is absent. Parents must contact the Gymnastics Director to request exception for this policy based on emergency situations. _____ **(initial)**

Late Pick-Up: For each ten minutes or portion thereof that you pick up your child past the end of her gymnastics class you will be charged \$5. In addition, after thirty minutes we are required to contact the local police. Please initial that you understand this policy. _____ **(initial)**

Discipline Policy: Girls Inc. promotes self-discipline and tries to establish rules which are sensible and help each girl to feel safe and secure. When a girls breaks a rule, she is first given a warning. If the behavior continues, the girl will receive a written notice, needed to be signed by the staff, Gymnastics Coordinator and the parent. If a girl continually breaks a rule or is abusive or disrespectful of others, a parent conference will need to take place and probation or suspension may become necessary. Girls Inc. believe foul language, hurting others, and being disrespectful, are not appropriate and these behaviors are not tolerated. By signing below, I agree to all rules stated above and I'm in receipt and understand all stated in the Girls Inc. "Code of Conduct".

Parent/Guardian Signature: _____ **Date:** _____

Media Release: I, _____, hereby authorize Girls Incorporated of Greater Santa Barbara to use my daughter's image/likeness/voice in still photos, slides, video production, voice recorded productions, radio coverage, television coverage and/or any other media for the purpose of promoting Girls Incorporated and its programs.

Parent/Guardian Signature: _____ **Date:** _____

CODE OF CONDUCT

Girls Incorporated of Greater Santa Barbara Gymnastics Program

** These expectations have been established to ensure that all who participate in the Girls Incorporated of Greater Santa Barbara Gymnastics Program may do so in a safe environment and may enjoy a positive and enriching experience.

Equipment: Use of equipment or play in the pit is not permitted without the supervision of a Girls Inc. Gymnastics Instructor.

Before Class: Children are to remove their shoes and socks and wait in the viewing room until the Gymnastics Instructor indicates it is the start of class.

During Class: All children are expected to listen to their instructor when s/he is talking. This ensures that all children are able to clearly hear the directions provided. Children are expected to participate in the class for the entire class period. If a child needs to use the restroom, it is very important s/he lets the instructor know, at which time the child will be excused to use the restroom.

At All Times: Being respectful of other gymnasts, gymnastics instructors and Girls Inc. staff is expected of every gymnast. Ignoring instruction because a gymnast does not feel like doing something the instructor has asked is considered disrespectful. Coaxing other gymnasts into becoming disrespectful will not be tolerated. The instructors are here to help YOU be the VERY BEST you can be.

Stretching and Conditioning: Children are expected to stretch and condition as directed by their instructor. Stretching and conditioning are vital to a gymnast's progress and helps prevent injuries.

After Class: Each instructor will notify their gymnasts when class is over, at which time it is appropriate for gymnasts to return to the preparation area to put their shoes and socks back on.

Observers: Parents, siblings & visitors are NOT permitted on equipment at ANY time. Bleachers or the viewing room is provided for your convenience. Parents or caregivers are responsible for keeping children off equipment before, during or after class.

Parking: Never park in the "NO PARKING ZONE" this area must remain clear at all times! Plenty of street parking is available. Please do not use the "no parking zone" to load or unload.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____