

Class: _____ **Day/Time:** _____

In consideration of being allowed to enter the play area, use inflatable equipment, foam pits, tumble track, any gymnastics equipment or to participate in any party and/or program at Velocity Gymnastics Academy Inc located at 1269 S. 1st Street Hamilton, MT 59840, the undersigned, on his or her behalf of the minors identified below, acknowledges, appreciates, agrees and is fully aware of the risks and hazards in participating in any of the activities on the premises of Velocity Gymnastics Academy Inc. and further agrees as follows.

I agree for myself and/or the minor(s) listed below that we shall comply with all stated and customary terms, posted safety signs, rules and verbal instructions as conditions of play and participation in any party/program at Velocity Gymnastics Academy Inc. and agree to pay for all damages to the facilities of Velocity Gymnastics Academy Inc. caused by myself and/or the listed minor(s) negligence, recklessness, or willful actions. In addition, if I observe any hazards during our participation, I will bring it to the attention of the nearest Velocity Gymnastics Academy Inc employee immediately. I recognize and understand that there are certain inherent risks associated with the use of the play areas, parties and programs and that risks of injury include, without limitation to bruises, scrapes, cuts and even more serious injuries such as paralysis or death. Moreover, for myself and minor(s) names below, I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants) and assume full responsibility for personal injury to myself and the listed minor(s) and our respective heirs, assigns, administrators, personal representatives and next of kin, waive, release and discharge Velocity Gymnastics Academy Inc., its affiliates, officers, members, agents, employees, other participants and sponsoring agencies for injury, loss or damage arising out of or related to our participation in any and all of Velocity Gymnastics Academy Inc's programs, activities, parties and/or facility of Velocity Gymnastics Academy Inc. This waiver and release shall be binding and apply to all risks, known and unknown, even if resulting from negligent actions of other guests.

Each participant must have a waiver/registration form signed by them, or if you are under the age of 18 years, then by a parent/legal guardian or designated representative by parent/guardian. If a waiver is not signed, the person will not be able to participate in Velocity Gymnastics Academy Inc's parties/programs.

I represent that I am the legal guardian of the minor(s) named below, or I have obtained permission from the parent/legal guardian of the minor(s) named below to execute this agreement on their behalf. I further represent that the participants are healthy and physically able to participate in any and all undertaken activities. I acknowledge that the minor(s) participation in activities at Velocity Gymnastics Academy Inc is voluntary. I also agree to abide by following the rules and regulations for Velocity Gymnastics Academy Inc while in the facility. As well as any requests by employees/staff. Failure to comply with rules of the establishment may result in being asked to leave the facility.

By signing this document, I hereby certify that I am over 18 years old, I have read the above/previous page terms and conditions and agree to all.

- 1) Participants Name
 - a) Date of birth

- 2) Participants Name
 - a) Date of birth

Any additional siblings listed with date of birth

Guardian/Parent Printed name

1.
Phone

Address

2.
Phone

Address

Valid Email address

- 1.

- 2.

Parent/Guardian Signature _____

____NON-parent - by initializing I am declaring that I have the express permission of the child/childrens parent or legal guardian to bring them to Velocity Gymnastics Academy and sign this form.

Treating a minor- By signing this form you give Velocity Gymnastics Academy Inc. the right to treat the participant. In the event of a serious injury 1. The parent will be called 2. Velocity has the right to call EMS if needed 3. Signing this gives the right to transport to the minor to local hospital

Parent/guardian signature _____

Medical insurance carrier-

Any Previous Applicable Injuries/Illnesses(Sprains, Breaks, etc.):

Emergency contact name and number -

This form must be filled out entirely- PAYMENT FORM (Skip If Registering for Camps/Open Gym/Birthday)

Enrolled families will be automatically charged on the 5th of each month through automatic payments. If choosing not to utilize automatic payments there will be a \$5 tuition additional payment for each class per month. The undersigned, agree to pay said monthly/fee on or before the 5th day of each month or will be subject to a \$15 late fee and the credit card on file will be charged again on the 15th of the month. Enrollment in a camp or birthday party is exempt from the registration fee and the monthly contract. Camp tuition is non-refundable. In the event a check for payment of the above tuition is returned to Velocity Gymnastics I agree to pay a \$25.00 returned check fee. I understand attending 1 class within the month will still be charged full monthly tuition.

I also understand that credit is not given for holidays, vacations, canceled classes, or time out of the gym due to sickness or injury. Velocity Gymnastics takes the fair week off. There is no refund of tuition for this week. I understand that if I choose to not attend a month of gymnastics that the student's place in class(es) would then be sacrificed. Be sure to contact Velocity Gymnastics to ensure room in the class prior to returning.

Velocity Gymnastics will charge the card on file for each month's tuition on the 5th of that Month. If the charge does not go through, Velocity Gymnastics will email you about your past due balance and attempt to settle this balance.

Fill out entirely and clearly

Credit Card Information **Visa or Mastercard ONLY**

Card type-

Credit card number-

Ex Month-

Ex year-

Name as it appears on card-

Address

City

Zip

I have read and understand the above statements.

Signature _____

The tuition policy for Velocity Gymnastics Academy: (SKIP if open gym/birthday/camps)

Tuition is due by the 5th of the month. All families will be charged with auto payments unless arranged differently.

Initial _____

Students will be entered in the auto-payment program This payment is taken out on the 5th of the month. If there is an INF decline or no card found decline there will be a \$5 charge added to account. There will be a \$15 late fee added to tuition not paid by the 15th of the month. There is a card/bank account needed on file when signing up. That card/account will be charged on the 15th if no tuition has been collected. If you chose not to be on auto-payments the tuition will be an additional \$5 per class.

Sibling discount- There is a \$5 discount for tuition or the second sibling taking gymnastics.

If in the auto-payment program and the card on file has been declined, the card will be processed again prior to the 15th of the month to avoid the late fee.

Initial _____

When there is a change in enrollment and a student wants to drop enrollment, a student change form located at the front desk must be filled out prior to the beginning of the next month to avoid a tuition charge. There is no refund for drops from classes taken at the beginning of the month.

Initial _____

Each year there is a \$40 registration fee due upon initial sign up and at the beginning of September or upon new yearly registration.

Initial _____

If tuition is 30 days late, students will not be allowed to attend class until tuition is paid in full.

Initial _____

Recreational class tuition fees

1 hr class

\$80 per month, \$85 per month if choosing to not be on auto-payment

45 min class

\$75 per month, \$80 per month if choosing to not be on auto-payment

Team- Varied amount - No difference in tuition for auto-payment

Signature _____ Date

Please read and initial rules and policies

Initial before each policy

____ 1. Yearly registration is \$40 due at the time of sign up and every September regardless of sign up date. Fee is subject to change

____ 2. Monthly tuition- Tuition remains the same regardless of absences/sickness or holiday closures.

____ 3. Late fees/returned checks- A late fee of \$15 will be assessed for payments that are 10 days late. Tuition is due by the 5th of the month. There are no refunds or pro-rations once enrolled. There is a \$25 fee applied to returned checks

____ 4. Velocity does not take partial payments between parents. It is the parents responsibility to figure out a payment plan.

____ 5. If payment is more than 1 month late, the student will not be allowed to attend class until payment is received in full. If the student is dropped off, they will wait in the parent area.

____ 6. Pick up-drop off- Your child should arrive 5-10 minutes prior to class, no more. We are not here to watch the students when not in class. Please be prompt in picking students up after class has ended.

____ 7. Make-ups- Missed classes are not refundable. You are allowed one scheduled make-up class within the same month missed.

____ 8. Refunds-There are no refunds for tuition or team assessment fees

____ 9 Class Changes or closures- We may change class or cancel due to weather, attendance or coach illness. If classes are canceled we will do our best to find a time to schedule a make-up

____ 10. Holidays- We are closed during certain holidays and Ravalli County Fair. There are no make-ups for holiday closures or fair closure

_____11. Parent expectations-

Please do not talk to students while they are in class. It is very disruptive to the class.

Parents and siblings are not allowed on the floor at any time for any reason. Students have to be able to use the restroom facilities without parent supervision.

Please do not sit on or place children on the observation wall. It is very dangerous if a fall were to happen.

Do not call students out of class

All coaches are trained in gymnastics and do not need coached over. Please let the coaches do the coaching during class

No recording or taking pictures of other students without permission.

There is no public restroom for parents/siblings. Restrooms are for students active in class only.

_____12. Student expectation- Be respectful in class. If a student is disruptive in class they will be removed from the class and sit in the parent area. Students may not leave class without coaches permission. No food/water in the gym area.

_____13. Attire- Gymnastics leotards are the best option. If you do not have a leotard please wear shorts/leggings and tshirt. Nothing with buttons or zippers

_____14. No dogs allowed in gym

By signing, you have fully read and agree to Velocity Gymnastics Academy Inc's rules and policies. And understand the tuition procedure.

Signature _____ Date:

Concussion form/Info

I understand the risks in gymnastics for concussions. I and my minor(s) shall comply with the following information provided by the CDC on concussions. I assume all risk for myself and minor(s) including risks arising from the negligence of others and assume full responsibility for personal injury to myself and minor(s) named and release Velocity Gymnastics Academy and its affiliates for injury or concussion related injury in our participation at Velocity Gymnastics Academy. This waiver and release is binding and apply to all risks, known and unknown, even resulting from negligence of others.

Signature _____ Date _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET**WHAT IS A CONCUSSION?**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head • Nausea or vomiting
- Balance problems or dizziness • Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED

BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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