

**Panhandle Gymnastics**  
Alliance Recreation Center  
**ENROLLMENT FORM**

ARC Member Y/N_____
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**PERSONAL INFORMATION**

Child Name: \_\_\_\_\_ Office Use: Class \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Male/Female School/Grade \_\_\_\_\_

**CONTACT DETAILS**

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_  
Profession: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Method of Contact: Phone Call Text Email**

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_  
Profession: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Method of Contact: Phone Call Text Email**

**Emergency Contact (Must be different from #1 and #2)**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Profession: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any medical conditions, allergies or sensitivities including Asthma, Anaphylaxis, Epilepsy, and/or Diabetes? \_\_\_Yes \_\_\_No

If yes please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Information: Is there any other information that may affect your child's gymnastics experience? For example fear of heights, previous injuries, other medical or physical conditions.

If yes please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR DROP OFF/PICK UP:**

Please list any and all persons authorized to drop off and pick up your child other than the Parent/Guardian(s) listed on this form.

\_\_\_\_\_

\_\_\_\_\_

**FORMS/ SIGNATURES:**

Please initial beside each of the following you have read and/or understood, and have signed if necessary:

\_\_\_\_\_ Panhandle Gymnastics Policies

\_\_\_\_\_ Release and Waiver of Liability

\_\_\_\_\_ COVID-19 Waiver

\_\_\_\_\_ USAG Level Requirements

\_\_\_\_\_ USAG Safe Sport Policy

\_\_\_\_\_ Concussion Handout

Print Name:\_\_\_\_\_ Date:\_\_\_\_\_

Signature:\_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female

Parent(s)/Legal Guardian(s) Name \_\_\_\_\_

Address/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in gymnastics I represent that I understand the nature of this activity and that my child is qualified, in good health, and in proper physical condition to participate in such an activity. I acknowledge that if I believe event conditions are unsafe. I will immediately discontinue my child's participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at the time and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my child's participation in the activity.

I hereby release, discharge, and covenant not to sue Panhandle Gymnastics, LLC, its respective owners, administrators, coaches, directors, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one the "Releasees" herein) from all liability, claims, demands, losses, or damages on my child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the REALEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities, and the minor's experience and capabilities and believe my child to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and will further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss of liability, damage, or cost any Releasee may incur as a result of such claim.

I also give my permission for photography of my child to be used by Panhandle Gymnastics, LLC.

Printed name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

## COVID-19 Waiver

I understand that while gymnastics, tumbling, and Ninja activities are individual sports, there will be times when incidental contact will occur. Panhandle Gymnastics and Ninja Zone are operating in a social and physically distancing environment, but even with the best efforts and intentions there will be times when the children will breach the prescribed (currently 6') distancing recommendation. In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and to prevent injury. I understand and agree that spotting will be part of the learning process at Panhandle Gymnastics and I agree to permit my child's teacher/coach to physically assist my child when needed. Direct assistance will also be provided in the event of an injury, or a hurt, to wipe away tears and to give a fist or elbow bump as needed.

I understand that masks are provided for both parents and children, but are not recommended while my child is practicing due to the restriction of air flow a mask may cause. I understand that masks are allowed at all times, but if my child shows signs of fatigue or physical struggle he/she may be removed from class for a time to recover.

I understand that I am allowed to stay and watch my child practice, but am discouraged from doing so to help Panhandle Gymnastics do its best to follow social distancing guidelines. I understand that if I do decide to stay it is my responsibility to follow, and encourage others to follow, social distancing guidelines.

I understand that if my child or their immediate family shows any of the following symptoms- fever, cough, sore throat, shortness of breath, chills, or headache- I will keep my child home, and report any illness to Panhandle Gymnastics.

I understand that Panhandle Gymnastics is doing its best to protect the safety of my child and our community in these uncertain times. I understand Panhandle Gymnastics will be cleaning and sanitizing to the best of their ability between athletes touching certain apparatus, as well as between each class. I agree to communicate any and all concerns I may have during this time to my child's coaches in order to keep everyone safe.

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Signature of Parent/Guardian

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Date

## Automatic Payments

### Bank Transfer Authorization Form

I authorize Panhandle Gymnastics to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Starting on \_\_\_\_\_ for the amount of \$\_\_\_\_\_ and accordingly thereafter per the terms in invoice(s) \_\_\_\_\_.

Bank Account/Cardholder Name: \_\_\_\_\_

Bank Account/Cardholder Address: \_\_\_\_\_

Customer bank account information:

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Account type:    Checking      Savings      Consumer      Business

Customer Credit Card Information:

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CCV \_\_\_\_\_

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify \_\_\_\_\_ of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature \_\_\_\_\_

Printed Customer Name \_\_\_\_\_

Date \_\_\_\_\_