



# SD United Registration Packet

**\*PLEASE FILL OUT ALL PAGES COMPLETELY\***

1. **Child's Name** \_\_\_\_\_ **2. Child's Name** \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

3. **Child's Name** \_\_\_\_\_ **4. Child's Name** \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Name** \_\_\_\_\_ **Parent Name** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

How did you hear about us?  Google  Yelp  Facebook  Other \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

### GYMNASTS MEDICAL HISTORY

Chronic Medical Problems \_\_\_\_\_

Anything we should be aware of to better teach your child(ren)? \_\_\_\_\_

### **Class Preparation**

- Warm ups:** We ask that children arrive promptly at the beginning of class in order to warm up safely. If you are over 10 minutes late, you may not participate in class that day. As it is not safe to join class if not stretched properly.
- Hair:** Long hair must be pulled back and secured during warm-ups and class.
- Jewelry:** Do not wear rings, bracelets, watches, necklaces or long earrings to class. Stud earrings are permitted. Please leave all valuables at home as we are not responsible for lost or damaged items.

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4. **Clothing:** Leotards, t-shirts, shorts (without buttons, zippers, or snaps), or sweatpants are all considered appropriate clothing. Students must be barefoot during class to prevent slipping on the tumble track and balance beam surfaces.

### **WARNINGS AND RELEASES**

As the parent or legal guardian of [REDACTED] (gymnast), I hereby consent to the above-named person participating in the programs offered by SD United.

By the very nature of the activity, gymnastics carries a risk of physical injury including serious injuries such as broken bones, torn ligaments, paralysis and even death. No matter how careful the student and instructor, no matter how many staff members are supervising the activity, no matter how many precautions, safety equipment or other safeguards are employed, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced, yes, but never eliminated. That risk is inherent in all sports at all times and is inherent in gymnastics activities as well.

#### **I UNDERSTAND AND ACCEPT THAT RISK.**

In partial consideration for allowing my child to use the SD United and equipment, I hereby forever release SD United, its owners, employees, and instructors from all liability for any and all damage and injuries suffered by my child while under the instruction supervision, or control of SD United, its owners, employees, or instructors.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in the activities of SD United, or under the direction and supervision of its owners, employees or instructors.

That acknowledgement of risk, waiver of liability, and indemnity agreement having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

### **AUTHORIZATION FOR TREATMENT**

#### **Our steps of First Aid for significant Injuries:**

- Assess the situation at hand
- Call parent: if student is needing to be transported to hospital, we will ask if you would like to transport yourself or if you'd like us to call an ambulance
- We will always contact you with any injury needing assistance. (small injuries will be notified after class from the coach)

#### **Our staff can only provide Band-Aids, Athletic Tape and Ice Packs.**

This form signed by you authorizes emergency medical treatment for your child in case of necessity.

I/We [REDACTED] (parent/guardian) of: [REDACTED] (gymnast) do hereby authorize SD United as agent(s) for the undersigned to consent, in advance of any specific diagnosis, to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act.

I have read the above authorization for treatment and agree to allow my child to participate at SD United.

[REDACTED]  
\_\_\_\_\_  
**Parent / Guardian's Signature // Date**

### **Gym Safety**

1. Parents, siblings and visitors are not allowed on the gym floor. We have a viewing area that allows you to watch your child while in class.

2. No one is allowed to sit on the stairway or block the entryway due to fire and safety codes.
3. Gymnasts are not allowed on equipment before or after class.
4. Observers are not to talk to their children while in class. If you need to remove your child early from the class, please speak with someone at the front desk.
5. Once students enter the facility, they are to go directly to the designated waiting area, remove their shoes and wait for class to begin. Parents are responsible for their children until the start of class and immediately following class.
6. Any gymnast who misbehaves during class will be asked to sit down in time out. If the situation continues, parents will be notified to assist in determining whether the child should continue class. We teach from a positive approach, but cannot tolerate potentially dangerous behavioral situations.

\_\_\_\_\_  
**Parent / Guardian's Signature**

## **Gymnastics Policies**

Please read through and initial at the bottom of these policies. Our objective is to define our payment policies clearly and concisely. If you have any questions regarding the policies below, please ask.

### **Payment Policy**

1. To register for a class, payment must be received upon enrollment. SD UNITED accepts credit cards (VISA, MASTERCARD, and DISCOVER & AMERICAN EXPRESS) payment only and must be kept on file. \*\*Tuition fees are subject to change without notice.\*\*
2. **AUTOMATIC DEDUCTION:**

Payment is automatically deducted from your account on the 15<sup>th</sup> of the month preceding the month it is due (i.e., October tuition will be charged September 15<sup>th</sup>).

A courtesy call will be made if your card is declined, however a late fee of \$25.00 will be assessed to all accounts which are not paid by the 15<sup>th</sup> of the month.

3. **There are no refunds or credits for any reason.** If you wish to drop your child from their class, notice must be given to the front desk no later than the 14<sup>th</sup> of the month preceding the month they want to drop. No Refunds or credits are given to any family whose credit card has been charged or payment has been taken. The full tuition payment is due and payable regardless of the number of days attended, days SD UNITED is closed, number of weeks in the month, or absence for any reason. This also covers any disaster or unexpected closures.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### **Cancellation Policy**

In order to cancel enrollment with SD UNITED, we need to know **before** monthly tuition is billed (on the 15<sup>th</sup> of the month prior. For example, to drop for September we will need to know before August 14th). A "Drop Request Form" will need to be filled out completely and turned in to the front desk to finalize any drop or cancellation. Until you have heard back from the front desk staff regarding finalizing your cancellation, your request is not finished, and monthly payments will continue to be billed.

If you drop and return to classes you will be subject to the new tuition prices if applicable.

Once we bill, we do not offer any refunds or credits, for any reason.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Missed Classes / Excused Absences / Make-up options / Class Transfers**

If your child is sick or unable to attend class, please call us prior to class to obtain an excused absence. If you are unable to speak with our office staff, please leave a message with your child's name, class and time s/he will not be able to attend. In order to schedule or participate in a make-up class you must be a current paid member.

1. **Make-ups:** One makeup per class per month is allowed. Absences do not roll over month to month. The only exception is if you miss a class during the last week of a month.
2. There are no make-ups due to Holidays or unexpected closures. Class fees are based on a 4 week month.
3. In order to protect the safety and well being of children, staff, and parents of SD UNITED if my child has any of the following he or she is not allowed to attend class until symptoms dismiss:  
Temperature over 100.4, diarrhea, vomiting, sore throat, fever, shortness of breath, dry cough, chills, repeated shaking with chills, muscle pain, headache, loss of taste or smell, infected wounds or cuts, contagious rashes, hand foot and mouth and any other illness that may be contagious.
4. **Class Transfers:** If you ever need to switch your schedule / class day and time. Transfers are limited 2 per month.

\_\_\_\_\_

**Parent / Guardian's Signature // Date**

Lastly, SD UNITED reserves the right to refuse service to anyone at any time. We ask that you always respect our staff and members of SD UNITED. We do not tolerate the use of Drugs or Alcohol present in our facility.

**I have read all terms and policies above. I realize my signature indicates understanding of gym policies and is given as part of the consideration for services charged at SD United.**

\_\_\_\_\_

**Parent / Guardian's Signature // Date**