

Gymnastics Registration Form

515 North Street, White Plains, NY | (P) 914-949-6227 ext. 135 | (F) 914-949-2021

Session (circle one) **FALL** **WINTER/SPRING** **Year** _____

First Name: _____ Last Name _____

Gender: _____ Age _____ DOB _____ (Birth Certificate Required for 2 & 3 year olds)

Parent / Guardian # 1 Information

Parent / Guardian # 2 Information

Name: _____ Name: _____

Address _____ Address: _____

City / State / Zip code: _____ City / State / Zip code: _____

Telephone #: _____ Telephone #: _____

Mobile #: _____ Mobile #: _____

Employer # _____ Employer# _____

E-mail _____ E-mail _____

Has your child been in the Gymnastics Program within the last session? Y____ N____ Current Class _____ Day/Time _____

How did you hear about our program? _____

Please list any information you think we should know about your child's behavior, allergies, current medications & ability to interact with other children:

Emergency Contact Information

Name: _____ Relationship to participant _____

Telephone #: _____ Mobile #: _____

Class Registration

1 st Choice	2 nd Choice	3 rd Choice
Class Code _____	Class Code _____	Class Code _____
Day _____ Time _____	Day _____ Time _____	Day _____ Time _____
Class Fee _____	Class Fee _____	Class Fee _____
Membership Fee _____	Membership Fee _____	Membership Fee _____
Scholarship Contribution Fund _____ \$5 _____	Scholarship Contribution Fund _____ \$5 _____	Scholarship Contribution Fund _____ \$5 _____
Total _____	Total _____	Total _____
If the class of your choice is closed, do you wish to be placed on our waiting list ? Y____ N____		
Carpool Names (Forms must be attached together)		
1. _____	2. _____	3. _____

Check # Attached _____ Last Name on Check if Different from Above: _____

Cards Accepted: Visa / MasterCard / Discover

Card # _____ Expiration Date _____

Signature _____

Office Use Only

Name _____ Receipt # _____ Date Process _____

Class Code Verification Signed Release



United States Gymnastics Federation Minor Release and Waiver of Liability and Indemnity Agreement

(This form must be signed and returned to participate in gymnastic activity.)

In consideration of membership in the United States Gymnastics Federation, herein after referred to as the USAG and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant below agree:

1. The parent(s) and/or guardian(s) will instruct the minor participant that prior to participation in any USAG and/or member club activity or event and regularly thereafter, that he/she should inspect the facilities and equipment to be used, and if he or she believes anything to be unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USA Gymnastics Guidelines.
3. I/We fully understand that:
 - (A) There are several risks and dangers associated with participation in Gymnastics and acrobatic activities but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - (B) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - (C) These risks and dangers may be caused by the negligence of the participant or the negligence of the others, including, but not limited to the "Releasees" named below.
 - (D) There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/We accept and assume such risks and responsibility for the loss and/or damages following such injuries, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
5. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA GYMNASTICS, its member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the promises used to conduct the event each of them, their officers, directors, agents, employees, all which are referred to as "Releasees," from all liability to the under-signed, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage of the participant or damage of property, caused or alleged to be cause in whole or in part by the negligence of the "Releasee" or otherwise.
6. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this waiver and release. If, despite this release, the participant makes a claim against any of the "Releasees", the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his/her behalf, and hold them harmless.
7. I/We agree that this waiver and Release Agreement covers each and every event sponsored by USAG and/or its member clubs and fully understand that the "Releasees" are released as to each and every activity and event.

I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian (Signature / Relationship)

Date

Parent or Guardian (Signature / Relationship)

Date

Witness

Printed Name of Participant: _____

Address of Participant: _____ **Town** _____ **State** _____ **Zip** _____

Printed Name of Parent or Guardian: _____



**GYMNASTICS
Release & Emergency Contact**

YWCA Release/Hold Harmless Policy

I (Guardian's Name) _____, represent and certify that I am at least 18 years of age, I am the legal Guardian of (Child's Name) _____. I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the Gymnastics program, to the greatest extent allowed by law.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Gymnastics Director in writing.

Signature: _____ Date: _____

Photography Release Policy

I further grant permission to the YWCA of White Plains & Central Westchester to use photographs of my child taken at the Gymnastics program for publicity purposes.

By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any photograph, I understand that I must notify the Gymnastics Director in writing.

Signature: _____ Date: _____

Emergency Treatment Consent

In the event of an emergency, I _____ the parent of _____ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the YWCA staff will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Gymnastics Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Gymnastics participant becomes ill / injured and does not require emergency care, he/she will be monitored by the medical staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA of White Plains and Central Westchester.

Parent / Guardian's Signature: _____ Date: _____

Participant's Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Participant's Dentist: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____