



HOTSHOTS WEST GYMNASTICS, INC.

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Mineola, NY 11501

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HotshotsWestGym.com

LAST NAME: _____ CLASS: _____
CHILD'S FIRST NAME: _____ PARENTS' FIRST NAMES: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
HOME PHONE: _____ CHILD'S BIRTH DATE: _____
CELL PHONE: _____ EMAIL: _____
EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

Please list any medical or other information pertaining to your child(ren)'s ability to participate in gymnastics; (heart condition, asthma, bronchitis, orthopedic/back/neck problems, allergies etc.):

As legal guardian of my designated child(ren), I hereby consent to my child(ren) participating in the this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including air track, trampoline, inflatables, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my child(ren) and, in consideration for allowing my child(ren) to use these facilities, I hereby covenant not to sue and forever release this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my child(ren) during instruction, supervision, and/or control during any and all classes or extra activities. I am aware that in addition to the usual dangers and risks inherent in the sport of gymnastics and trampoline, certain additional dangers and risks are present when using Hotshots West Gymnastics, Inc. facilities, gymnastic equipment and trampoline, including, but not limited to, the danger and risk of falling, landing, performing tricks and colliding with other gymnasts, staff, media personnel and spectators. By signing this waiver I freely accept and fully assume responsibility for all such dangers and the possibility of personal injury, death, property damage or loss resulting therefrom.

I hereby certify that my child(ren) are covered by my own medical insurance and that I have read and understand this release of liability prior to signing it, and I am aware that by signing the release of liability I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases. I will abide by all school policies and gymnastics rules.

REGISTRATION POLICY: at time of registration payment in full is required to reserve your child's place in class. \$75 of the tuition is completely non-refundable.

REGISTRATION/INSURANCE FEE (payable once a school calendar year): \$30. Every participant must pay this fee at time of registration. This enrollment form has no expiration. I understand that I am responsible to notify Hotshots West Gymnastics, Inc. of any changes to the personal information, including all phone numbers listed.

REFUND POLICY: \$75 OF THE TUITION IS COMPLETELY NON-REFUNDABLE AT TIME OF REGISTRATION. ABSOLUTELY NO EXCEPTIONS. EACH GYMNAST HAS UP UNTIL THE SECOND CONSECUTIVE CLASS OF OUR SEMESTER TO DECIDE IF THEY WISH TO WITHDRAW FROM THE PROGRAM. TUITION LESS \$75 WILL BE REIMBURSED. THERE WILL BE ABSOLUTELY NO REFUNDS AFTER OUR SECOND CONSECUTIVE CLASS OF THE SEMESTER.

PARENT'S SIGNATURE

DATE