



# Gymnastics Program Registration Application

Inspiring all girls to be  
strong, smart, and bold™

Girls Incorporated®  
Of Greater Santa Barbara

**Member (s) Information**      Email: \_\_\_\_\_      Today's Date \_\_\_/\_\_\_/\_\_\_

Child #1: (First Middle Last) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender: F  M

Child #2: (First Middle Last) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender: F  M

Child #3: (First Middle Last) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender: F  M

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Language: \_\_\_\_\_

Ethnic Group (circle): White Blk Asn Am Ind Multiracial (specify races) \_\_\_\_\_ Other \_\_\_\_\_

Is your child of Hispanic origin? YES NO

## **Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell : \_\_\_\_\_ Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell : \_\_\_\_\_ Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

## **Emergency Contact: (Other than parents):**

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

## **Household: (For reporting purposes only; remains confidential).**

Approximate annual income (circle): Under \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 \$20,000 - \$25,000  
\$25,000 - \$35,000 \$35,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 Over \$100,000

**Member lives with (circle):** Two Parents Mother Only Father Only One parent at a time (joint custody) Neither Parent  
If Joint custody, please explain: \_\_\_\_\_

*Girls Incorporated Greater Santa Barbara*

I hereby give permission for my child to become a member of G.I. Gymnastics. I understand that Girls Incorporated and its personnel are not responsible for personal injury or loss of property. It is understood, however, that my child is insured against injury while taking part in Girls Incorporated activities. I give consent to her/him being examined and treated by a physician or hospital at any time the management of Girls Incorporated thinks it is necessary.

Signature (Parent or Guardian) X \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that registration is not complete, and that my child's space in a class will not be reserved until full payment is received. \_\_\_\_\_ (Initial).
- Participation in a trial class does not reserve my child's space in a class. \_\_\_\_\_ (Initial).

-----FOR OFFICE USE ONLY-----					
<b>CHILD #1:</b>	Class:	Trial Y/N	Day(s) :M, T, W,TH, F, S	Time:	Coach:
<b>CHILD #2:</b>	Class:	Trial Y/N	Day(s) :M, T, W,TH, F, S	Time:	Coach:
<b>CHILD #3:</b>	Class:	Trial Y/N	Day(s) :M, T, W,TH, F, S	Time:	Coach:

**Payment:** Ck- # \_\_\_\_\_ Cash Visa Mastercard Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Entered in:**  QUICKBOOKS \_\_\_\_\_ (date)  TRAX \_\_\_\_\_ (date)



Girls Incorporated®  
Of Greater Santa Barbara

## Gymnastics Program Medical Form

Inspiring all girls to be  
strong, smart, and bold™

**HEALTH HISTORY INFORMATION:**

Child # 1 :                      DOB:	Child # 2                              DOB:	Child# 3                              DOB:
<b>IS CHILD SUBJECT TO:</b>	<b>IS CHILD SUBJECT TO:</b>	<b>IS CHILD SUBJECT TO:</b>
Muscle Sprains/ Strains    YES NO	Muscle Sprains/ Strains    YES NO	Muscle Sprains/ Strains    YES NO
Fainting Spells                YES NO	Fainting Spells                YES NO	Fainting Spells                YES NO
Convulsions/Epilepsy        YES NO	Convulsions/Epilepsy        YES NO	Convulsions/Epilepsy        YES NO
Cramps                            YES NO	Cramps                            YES NO	Cramps                            YES NO
Allergies                         YES NO	Allergies                         YES NO	Allergies                         YES NO
<b>DOES CHILD HAVE OR EVER HAS HAD? :</b>	<b>DOES CHILD HAVE OR EVER HAS HAD? :</b>	<b>DOES CHILD HAVE OR EVER HAS HAD? :</b>
Heart Trouble                  YES NO	Heart Trouble                  YES NO	Heart Trouble                  YES NO
Broken Bones                  YES NO	Broken Bones                  YES NO	Broken Bones                  YES NO
Asthma                            YES NO	Asthma                            YES NO	Asthma                            YES NO
Lung Trouble                    YES NO	Lung Trouble                    YES NO	Lung Trouble                    YES NO
Sinus Trouble                  YES NO	Sinus Trouble                  YES NO	Sinus Trouble                  YES NO
Appendicitis                  YES NO	Appendicitis                  YES NO	Appendicitis                  YES NO
Has appendix been removed? YES NO	Has appendix been removed? YES NO	Has appendix been removed? YES NO
Surgery of any kind?        YES NO	Surgery of any kind?        YES NO	Surgery of any kind?        YES NO
Nurse maids elbow            YES NO	Nurse maids elbow            YES NO	Nurse maids elbow            YES NO

**Please Explain "YES" answers:**

---

**LIST ANY ALLERGIES, DIETARY RESTRICTIONS, OR DRUG REACTIONS:**

---

**LIST ANY PHYSICAL DISABILITIES THAT MAY LIMIT CHILD'S ACTIVITIES AT GIRLS INC.: (eye sight, hearing, speech, paralysis, diabetes, ulcer, etc)**

---

**PLEASE LIST ALL MEDICATIONS THE CHILD IS PRESENTLY TAKING:**

Name of Medication	Dosage	Times Taken	Prescribing Doctor

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have medical insurance?  YES             NO    Name of Provider \_\_\_\_\_

Does your child have dental insurance?  YES             NO    Name of Provider \_\_\_\_\_

**MEDICAL RELEASE (Please read carefully)**

I, the undersigned, hereby give permission for my child to be given medical treatment by a physician, dentist or qualified attendant at an emergency room, in case of injury or any situation that would require medical attention during or by reason of the Girls Incorporated program or excursions. It is understood that a conscientious effort must be made to notify my spouse or myself before such action is taken but if it is impossible to locate me, the expense of this service will be accepted by me. In the event that such medical treatment is necessary, I agree to release Girls Incorporated of Greater Santa Barbara from any liability in connection with such medical treatment.

**SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_**



Girls Incorporated®  
Of Greater Santa Barbara

## ADMISSIONS AGREEMENT

### Release of Liability/Waiver of Liability

**Assumption of full responsibility for all risks of bodily injury, death, or damages:** As a parent or legal guardian of \_\_\_\_\_ (your child's name) I hereby consent to his/her participation in or all the programs offered by Girls Inc. Gymnastics. I understand that participation in gymnastics, trampoline, dance, and any and all other activities at Girls Inc. Gymnastics may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and sever injuries such as paralysis or even death. Various factors & causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by Girls Inc. Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Girls Inc. Gymnastics, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against Girls Inc. Gymnastics or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. Gymnastics or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Girls Inc. Gymnastics. I, hereby release Girls Inc. Gymnastics and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future.

Should any part of parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration:** Registration for classes is on a first come first serve basis. Once you are enrolled you will be automatically registered for the same class for each additional session thereafter. Registration fees are charged upon initial registration and collected once each calendar year. There is no registration fee for winter, spring, or summer camps \_\_\_\_\_ **(initial)**

**Payments:** All payments are due one week prior to the 1<sup>st</sup> week of the 4 week session. A child may be dropped from their class if payment is not received. Payments for camps are due upon registration. Spaces for classes or camp will not be reserved until payment is received. \_\_\_\_\_ **(initial)**

**Refunds and Credits:** Refunds and credits will not be given for the days that child(ren) are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for you child even when your child is absent. Parents must contact the Gymnastics Director to request exception for this policy based on emergency situations. \_\_\_\_\_ **(initial)**

**Drop Policy:** Written notice submitted a minimum of 10 days prior to a new session beginning is required to drop a class with out being charged. Any child who drops without written notice will be charged a \$15.00 Re-Enrollment Fee. A child who has not attended class for two consecutive weeks and has an unpaid account will be dropped for non-payment, and will be charged a re-enrollment fee. \_\_\_\_\_ **(initial)**

**Late Pick-Up:** For each ten minutes or portion thereof that you pick up your child past the end of his/her gymnastics class or camp you are subject to be charged \$5. In addition, after thirty minutes we are required to contact the local police. Please initial that you understand this policy. \_\_\_\_\_ **(initial)**

**Discipline Policy:** Girls Inc. promotes self-discipline and tries to establish rules which are sensible and help each child to feel safe and secure. When a child breaks a rule, she/he is first given a warning. If the behavior continues, the child will receive a written notice, needed to be signed by the staff, Gymnastics Director and the parent. If a child continually breaks a rule or is abusive or disrespectful of others, a parent conference will need to take place and probation or suspension may become necessary. Girls Inc. believe foul language, hurting others, and being disrespectful, are not appropriate and these behaviors are not tolerated. By signing below, I agree to all rules stated above and I'm in receipt and understand all stated in the Girls Inc. "Code of Conduct". \_\_\_\_\_ **(initial)**

**Media Release:** I, \_\_\_\_\_, hereby authorize Girls Incorporated of Greater Santa Barbara to use my child's image/likeness/voice in still photos, slides, video production, voice recorded productions, radio coverage, television coverage and/or any other media for the purpose of promoting Girls Incorporated and its programs. \_\_\_\_\_ **(initial)**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Girls Incorporated®  
Of Greater Santa Barbara

Inspiring all girls to be  
strong, smart, and bold™

## CODE OF CONDUCT

### *Gymnastics Program*

**Equipment:** Use of equipment or play in the pit is not permitted without the supervision of a Girls Inc. Gymnastics Instructor. \_\_\_\_\_ (initial)

**Tardy Policy:** Children who are more than 10 minutes late will not be allowed to participate in class for that day due to safety and liability reasons for missing warm-up. For gymnasts who are less than ten minutes late, but are continually late, they will not be allowed to participate in class upon a fourth tardy, as late arrivals are very disruptive for the instructors and the other gymnasts.  
\_\_\_\_\_ (initial)

**Before Class:** Children are to remove their shoes and socks and wait in the viewing room until the Gymnastics Instructor indicates it is the start of class. \_\_\_\_\_ (initial)

**During Class:** All children are expected to listen to their instructor when s/he is talking. This ensures that all children are able to clearly hear the directions provided. Children are expected to participate in the class for the entire class period. If a child needs to use the restroom, it is very important s/he lets the instructor know, at which time the child will be excused to use the restroom. \_\_\_\_\_ (initial)

**At All Times:** Being respectful of other gymnasts, gymnastics instructors and Girls Inc. staff is expected of every gymnast. Ignoring instruction because a gymnast does not feel like doing something the instructor has asked is considered disrespectful. Coaxing other gymnasts into becoming disrespectful will not be tolerated. The instructors are here to help YOU be the VERY BEST you can be. \_\_\_\_\_ (initial)

**Stretching and Conditioning:** Children are expected to stretch and condition as directed by their instructor. Stretching and conditioning are vital to a gymnast’s progress and helps prevent injuries. \_\_\_\_\_ (initial)

**After Class:** Each instructor will notify their gymnasts when class is over, at which time it is appropriate for gymnasts to return to the preparation area to put their shoes and socks back on.  
\_\_\_\_\_ (initial)

**Observers:** Parents, siblings & visitors are **NOT** permitted on equipment at **ANY** time. Bleachers or the viewing room is provided for your convenience. Parents or caregivers are responsible for keeping children off equipment before, during or after class. \_\_\_\_\_ (initial)

**Parking:** Never park in the “NO PARKING ZONE” this area must remain clear at all times! Plenty of street parking is available. Please do not use the “no parking zone” to load or unload. \_\_\_\_\_ (initial)

\*\* These expectations have been established to ensure that all who participate in the Girls Incorporated of Greater Santa Barbara Gymnastics Program may do so in a safe environment and may enjoy a positive and enriching experience. By signing the below, I agree to adhere to the policies set out by Girls Inc. Gymnastics of Greater Santa Barbara.\*\*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Gymnastics Payment Preference

Today's Date: \_\_\_\_\_ Child's Name(s): \_\_\_\_\_

**Please Indicate Your Payment Preference:**

We require a credit or debit card be put on file for all gymnasts attending classes. If you indicate the check or cash payment option, you still must put a card on file as a backup. All payments are due prior to the start of a new session by the 4<sup>th</sup> week of the current session.

- Check or Cash \***
- Visa or Master Card (Automatic Withdrawal)**



\*I understand that if my check or cash payment is not received prior to the start of the session, my credit card will be charged the balance due. \_\_\_\_\_ (*Initial*)

Name as it appears on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please charge my:      Visa              Master Card

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_(MM/YY)

My session fee(s) is/are \$ \_\_\_\_\_, and my annual registration fee is \$35.00 (per child).

- I understand that payments will be charged the week prior to the start of the new session. No credits or refunds will be offered for absences or for classes dropped without notice.
- I authorize Girls Inc. to charge my credit card as indicated above. I acknowledge that to revoke this authorization I must submit a class drop form at least 10 days prior to the new session. I will be charged a \$15 re-enrollment fee if I fail to provide such notice.

Signature \_\_\_\_\_

-----FOR OFFICE USE ONLY-----				
<b>CHILD #1:</b>	Class:	Day(s) :M, T, W,TH, F, S	Time:	Price:
<b>CHILD #2:</b>	Class:	Day(s) :M, T, W,TH, F, S	Time:	Price:
<b>CHILD #3:</b>	Class:	Day(s) :M, T, W,TH, F, S	Time:	Price:



Girls Inc. of Greater Santa Barbara

**GYMNASTICS**

Inspiring all girls to be strong, smart, and bold<sup>SM</sup>

**How did you hear about Girls Inc. of Greater Santa Barbara?**

**(Please complete this form ONLY if you are enrolling for the first time, or after 6 months or more away)**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Enrolling for:  Fall  Winter/Camp  Spring/Camp  Summer/Camp

Enrollment Status:  First Time Enrolling  Re-Enrolling (after 6 months or more out of program)

**How did you find out about our programs? (please check all that apply):**

**Local Sources:**

- A Friend/Word of Mouth Friend's Name: \_\_\_\_\_
- Girls Inc. Youth Bus/Van
- School (please specify school name and contact): \_\_\_\_\_
- Work/Place of Business (please specify): \_\_\_\_\_
- Flyer (please specify location): \_\_\_\_\_
- Community Event (please specify event): \_\_\_\_\_
- Girls Inc. Event (please specify event): \_\_\_\_\_

**Internet/Online (check all that apply):**

- Girls Inc. Website  Internet Search  SB ParentClick.com  Facebook
- Girls Inc. E-Mail  YouTube  LinkedIn  Instagram
- EdHat  Yellow Pages Online  Yelp  Twitter
- Pinterest  Noozhawk  Other (describe): \_\_\_\_\_

**Print/Media (check all that apply):**

- Santa Barbara Independent  Santa Barbara News-Press  Family Life
- Montecito Journal  Santa Barbara Sentinel  Phone Book
- Television (please specify station): \_\_\_\_\_
- Radio (please specify station): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**Other:**

Other (describe): \_\_\_\_\_