

COACH PATTY'S SCHOOL OF GYMANASTICS  
300 S Lewis Road Suite E  
Camarillo CA 93012  
805.383.9460

[www.coachpattyusa.com](http://www.coachpattyusa.com)

## Registration Form

### Main Billing Contact Information

Name:(f/l): \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
  
Home Phone: \_\_\_\_\_ CellPhone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
  
Email: \_\_\_\_\_

Do you wish to receive statments/invoices via email (Y/N)

### Secondary Contact Information

Name:(f/l): \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
  
Home Phone: \_\_\_\_\_ CellPhone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
  
Email: \_\_\_\_\_

### Emergency Contact Information

Contact #1: \_\_\_\_\_  
Contact #2: \_\_\_\_\_

### Doctor Health Insurance Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy: \_\_\_\_\_

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## Registration Form

### Student Registration Information

Name:(f/l): \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Student Registration Information

Name:(f/l): \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Student Registration Information

Name:(f/l): \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Allergies: \_\_\_\_\_

# Coach Patty's School of Gymnastics

## Waiver and Release of Liability/Assumption of Risk

I request and hereby consent for my Child/Athlete, \_\_\_\_\_, DOB \_\_\_\_\_  
(First & Last Name)

to use the Coach Patty's School of Gymnastics, facilities and equipment, and participate in Coach Patty's School of Gymnastics events, competitions, programs, and/or classes for training in gymnastics, trampoline, tumbling, dance, cheerleading, rock climbing, rope climbing, riding zip lines, and/or other activities, events, and associated skills and physical activities. **I recognize that potentially severe injuries, including but not limited to broken bones, dislocations, torn tendons, torn ligaments, brain damage, spinal and back injury, PERMANENT PARALYSIS or DEATH, and other risks and danger, can occur in any or all of these activities.** I also recognize that similarly SEVERE INJURIES can result from participating, helping, or spotting teammates as well as from folding, unfolding, transporting, and setting up apparatus and equipment. Furthermore, I recognize that because of increased movement, height, flipping, twisting and inversion, and increasingly complex routines, the competitive pursuit of these sports and activities may carry an increased degree of risk of injury and catastrophic injury than do the recreational versions. I also recognize that the mats, pits, and other safety equipment and apparatus provided for my Child/Athlete's protection, including the participation of a coach or staff member who will spot or assist in the performance of certain skills, may not prevent certain injuries. I understand and willingly accept the inherent risks involved in these recreational and/or competitive activities, and that the above named Child/Athlete may be injured in any or all of these activities.

Neither my Child/Athlete nor I are under any obligation by Coach Patty's School of Gymnastics or its agents or representatives to participate in any of these activities or programs, nor am I or my Child/Athlete being paid to do so. My Child/Athlete's interest is solely in the sport and/or activities and for his/her own self improvement and enjoyment, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS INHERENT IN THESE PURSUITS AND ASSUME ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES on my own behalf and on behalf of my Child/Athlete. I also represent that my Child/Athlete is in good and sufficient physical condition to participate in Coach Patty's School of Gymnastics activities or programs.

In consideration for allowing my Child/Athlete to use Coach Patty's School of Gymnastics facilities and equipment, and/or participate in Coach Patty's School of Gymnastics events, programs, classes and/or competitions, on my own behalf and on behalf of my Child/Athlete and each of our respective heirs, administrators, next of kin, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE, discharge, and hold harmless and agree to indemnify Coach Patty's School of Gymnastics, its officers, directors, shareholders, owners, employees, volunteers, agents, successors and assigns (collectively in this Waiver and Release "Coach Patty's School of Gymnastics" or "Releasees"), from any and all liability, claims, medical, legal and/or other costs, demands, losses, damages or causes of action (known or unknown) whether existing now or in the future, including any loss of personal property due to theft or otherwise, arising out of my Child/Athlete's use of Coach Patty's School of Gymnastics facilities, equipment, and/or participation in Coach Patty's School of Gymnastics events, and/or while under the instruction, supervision or control of Coach Patty's School of Gymnastics and/or any of the Releasees wherever caused, and whether caused or alleged to be caused in whole or in part by the negligence of any of the Releasees; and I further agree that if, despite this Waiver and Release of Liability, I or anyone on my own or my Child/Athlete's behalf make a claim against any Releasees, I will INDEMNIFY, SAVE AND HOLD HARMLESS Coach Patty's School of Gymnastics and the Releasees from any litigation expense, attorneys' fees, loss, liability, damage or cost which may occur as a result of such claim, to the fullest extent permitted by law.

This WAIVER OF LIABILITY and COVENANT NOT TO SUE, having been read thoroughly and understood completely, is signed VOLUNTARILY as to its content and intent, and I VOLUNTARILY CONSENT to my Child/Athlete's participation.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Relationship to Child/Athlete

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



# **Coach Patty's School of Gymnastics**

## **Parental Agreement - Policies and Procedures**

### **FEES:**

1. Coach Patty's School of Gymnastics programs operate year round. Program fees are paid on a per month or session basis. Months are based on four classes or four weeks. If a student joins after the month or session has started, fees are prorated. All fees are due on or before the first day of the month or first day of class if the class is on session basis. Once registered, your account will be billed for subsequent months or sessions until you inform the desk of non-participation. Fees are due no later than one week prior to the start of the new month or session in order to reserve a spot in the current class. Fees paid after the first of each month will incur an additional \$10 fee each time. Fees must be current in order to participate.
2. Each student will pay an annual membership fee of \$50.00 (\$60.00 if 13 or older). This fee is due at the time of initial registration and every year thereafter. These fees are non-refundable.
3. All program fees are non-refundable once the month/session commences.
4. Cash, check, debit card, master card, and visa may be used for tuition and other payments. Checks are to be made payable to "Coach Patty's School of Gymnastics". There is a \$25 fee for any returned check above the cost of replacing the original check. Until the account is cleared, the child may not participate in his or her class. (We will only accept cash, money order, cashier's check or a credit card transaction as repayment).
5. Sibling discounts and second class discounts are taken off the lowest tuition.
6. We do not refund or give credit for missing a class. The only exception is credit for future classes missed due to serious illness or injury and only with a written excuse from your doctor's office. The credit for future classes will be issued from the date we receive the excuse.
7. In the unfortunate event that Coach Patty's School of Gymnastics needs to cancel a class during a month/session, we will make every effort to accommodate you with another class. If this is not possible, that portion of the session that was not provided by us will be credited to you.
8. If you begin a month mid-term, your month tuition will be pro-rated.

### **CLASS MAKE-UPS:**

We believe it is important that students attend their regular classes as make-up classes are not as effective. Continuity is lost and learning usually suffers. Uninterrupted attendance in class promotes learning and should be encouraged. However, as a courtesy, we do offer one make-up per month if a student misses a class. Please keep in mind that make-ups are allowed only if:

- (a) The office was notified of the student's absence prior to his or her class.
- (b) Space is available in an age/level appropriate class.
- (c) The make-up is scheduled and taken within the month missed or the first week of the month
- (d) It immediately follows the missed class when it was the last week of the session.

#### **Make-ups will not be allowed if:**

- (a) The student fails to attend an already scheduled make-up session.
- (b) The student drops from the program.

# **Coach Patty's School of Gymnastics**

## **Parental Agreement - Policies and Procedures**

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If the student's class falls on a holiday that the gym is closed (Thanksgiving, Memorial Day, 4th of July, Labor Day), it is your responsibility to schedule a make-up. A missed class due to a holiday will not count as one of the allowable missed classes.

It is necessary that all make-ups are scheduled in advance. Drop-in classes are not available due to student/teacher ratios. Please call or stop by the front office to schedule your make-up class.

### **SAFETY:**

1. It is the responsibility of the parent to keep the Coach Patty's School of Gymnastics office staff informed of any name, address, telephone, or E-mail changes. This is very important so we have a current emergency contact on file at all times.
2. We require that parents, siblings and visitors wait and observe from the seating/viewing area. For safety purposes, spectators must refrain from communicating with participants during class or event time.
3. Adults involved in "Parent-child" gymnastic classes are permitted on the floor during class times. Parents in these programs must sign additional waivers.
4. Use of the equipment without directions from an instructor is prohibited.
5. Participation in the warm-up portion of the class is crucial to your child's safety and to prevent injury. Please make every effort to be on time.
6. Remind your child to tell the instructor if they need to use the restroom or feel sick. (Parents of preschool age children please accompany your child to the restroom).
7. Wearing the correct attire to class is important. Students' clothing should be comfortable and permit a full range of motions. Shorts/pants worn to gymnastics must have an elastic waist without snaps or zippers and all shirts must be long enough to stay tucked in. Leotards (without skirts attached) are preferred for girls taking gymnastics. Gymnastics students are to participate barefoot and trampoline students must wear socks or trampoline shoes. Jewelry, belts and any other clothing accessories may not be worn at any time.
8. Hair must be pulled back away from the student's face.
9. It is the parent or guardian's responsibility, not the responsibility of Coach Patty's School of Gymnastics, to supervise the student before and after class. Students may not be in the facility or parking lot unsupervised.
10. For the safety of everyone involved, animals are prohibited into the Coach Patty's School of Gymnastics facility (Guide dogs permitted).
11. Flash photography is prohibited.

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5. If you are going to be more than 15 minutes late, please call in advance. Students may not be allowed to take class if they are more than 15 minutes late. This is for safety and left to the coach's discretion.
6. If your child is the only one who shows up for a regular class, the class may be shortened.
7. Private lessons must be paid for in advance with the front office staff. If you have scheduled a private class, we have an instructor coming to Coach Patty's School of Gymnastics just for you; therefore, we need 24 hours notice of cancellation or you will be required to pay for the missed lesson.
8. If the class you request for your child is full and we can not accommodate you in any of our other classes, your child will be placed on a waiting list. We will contact you when there is availability in the class. Our scheduled classes may change during the year. It may be necessary to provide our clientele with new scheduling to meet changing needs.
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11. Profane language is strictly prohibited.
12. Students or participants in violation of the policies and procedures will be removed from the day's instructional activities and may lose further privileges as deemed appropriate by Coach Patty's School of Gymnastics in its sole discretion.
13. Anyone loitering will be asked to leave.
14. Coach Patty's School of Gymnastics reserves the right to refuse/revoke membership to anyone for any reason. We further reserve the right to refuse any student's placement into a particular class for reasons deemed necessary by Coach Patty's School of Gymnastics. For the safety and enjoyment of all involved, each student's placement is ultimately Coach Patty's School of Gymnastics management's decision. We reserve the right to terminate a client based on what is best for the Coach Patty's School of Gymnastics program.
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**Coach Patty's School of Gymnastics  
Parental Agreement - Policies and Procedures**

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**Coach Patty's School of Gymnastics**  
**Parental Agreement - Policies and Procedures**

Receipt of Parental Agreement

I \_\_\_\_\_ Have read and agree to the terms and conditions of enrolling my child and myself in Coach Patty's School of Gymnastics.

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

\_\_\_\_\_  
Date