



## Minor Liability Waiver & Registration Form

Vegas Valley Gymnastics Center  
975 White Drive  
Las Vegas, NV 89119  
(702) 331-3311

### Participant Information:

#### Child #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex (Female or Male): \_\_\_\_\_

Past Participant Injuries: \_\_\_\_\_

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

#### Child # 2 (If Applicable):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex (Female or Male): \_\_\_\_\_

Past Participant Injuries: \_\_\_\_\_

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

### Parent / Guardian Information:

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address (If Different From Above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

### Emergency Information:

Must be different than Mother and Father:

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

**RELEASE:**

I acknowledge that participation in Vegas Valley Gymnastics Center, hereinafter, (VVGC) entails known and unknown risks that could result in physical, or emotional injury, broken bones, paralysis, or death. I hereby agree that myself or my child, biological, adopted, or other, hereinafter "my child", my heirs, executors, or any other representative waive and release all rights and claims that I may have at any time against VVGC and / or its representatives, whether paid or volunteer, for any injury or damages in connection with the gymnastics program or other activities related to or at VVGC. \_\_\_\_\_ INITIAL

**PERMISSION FOR MEDICAL TREATMENT:**

I confirm that the above named participant (s) is in good health and suitable physical, mental, and emotional condition to participate in any and all activities conducted by or at VVGC. I hereby authorize VVGC to administer simple first aid. I also authorize a medical exam, x-rays, and / or a medical/surgical diagnosis as deemed necessary any physician or hospital. \_\_\_\_\_ INITIAL

**AGREEMENT TO PARTICIPATE:**

I understand that gymnastics includes the use of trampolines and a variety of other apparatus and / or equipment that involve a wide range of height and movement for the participant. I further understand the risk of injury from other participants and various apparatus and obstacles in the gym. If you or your child is injured, you or your child may require medical assistance at your own expense. I expressly agree and promise to accept all risk existing in this activity. My participation or my child (s) participation in this activity is purely voluntary, and I elect to participate in spite of the risks. \_\_\_\_\_ INITIAL

**SESSION & MONTHLY PAYMENTS:**

**For classes paid on a session basis; payment is due 7 days PRIOR to the new session start date.** There is a \$25.00 late fee for late payments that are received after the child's first class of the new session. For any returned checks there will be a NSF fee of \$35.00 added. If payment is not received by the first lesson, your child will be sent home. When paying by check, please make checks payable to Vegas Valley Gymnastics Center. Please write your child's name in the memo area to ensure that payment is applied to the correct account. Any account that requires collection activity in VVGC's sole discretion may be subject to additional fees. \_\_\_\_\_ INITIAL

**For classes paid on a monthly basis;** payments are due by the 3<sup>rd</sup> of each month. If payments are received after the 3<sup>rd</sup> of each month, a \$25.00 late fee will be assessed. \_\_\_\_\_ INITIAL

**Once a session has started, no refunds of any kind are given, even for missed classes.** Once the session or monthly classes have begun a 14 day written notice must be given to terminate charges for attendance. Your account will be credited for use towards future classes or other events. If you need to drop your child from the program, we must receive, in writing a notice either dropped off at the front desk or mailed BEFORE the start of the next session.

\_\_\_\_\_ INITIAL

If you are participating in VVGC's "Auto-pay" program and your credit card info changes, please let VVGC know immediately. If "Auto-pay" is run on your account and it is returned or rejected for any reason, there will be an additional \$25 fee assessed. \_\_\_\_\_ INITIAL

**MAKE UP LESSONS:**

If you or your child is unable to attend, we allow makeups in other classes. **Two (2) missed classes may be made up within 30 days after the student has missed his/her scheduled class and must be completed within the current session. We will not credit the missed class to the next session. Make-ups must be scheduled with the front office PRIOR to the class the student will be making up.** When scheduling make-ups, you must indicate the day the student missed. If you are mistaken, your account will be subsequently charged at the then prevailing individual class rate. There will be no make-ups for competitive team members. You must be a current member to take advantage of the make-up policy. Make-ups can also be used for open gym, one missed class may be made up with one open gym.

\_\_\_\_\_ INITIAL

**DROP POLICY:**

A written notice is required at least 10 business days prior to the start of the next session that your child will be dropping. If you do not provide written notice, you will be billed for subsequent sessions until we receive written notice. Our drop forms are located in the front office. \_\_\_\_\_ INITIAL

**CREDITS/REFUNDS:**

Credits and refunds are only offered for days that VVGC is closed with the exception of competitive teams. We offer makeups for days missed due to illness or injury. \_\_\_\_\_ INITIAL

**SAFETY:**

No parents are allowed in the gym area, unless authorized by the office. There is a viewing area to the left of the office for all observers. Absolutely no students are allowed in the gym until their class starts. If your child is caught playing on the equipment or is in the gym without the supervision of a VVGC employee, your child will be asked to leave the gym. **as a parent or guardian, understand that any injuries that occur before or after class time due to my or my child's failure to comply with these procedures are my responsibility and VVGC cannot be held liable.** \_\_\_\_\_ INITIAL

**PARENTS:**

Your child is to be picked up/dropped off at the designated areas. All viewing is to be done from the observation room. Students must be picked up on time, as they are not supervised once class is over. \_\_\_\_\_ INITIAL

**DISCLOSURE:**

From time to time, photos may be taken of you or your child while you or your child are participating in events or classes at or related to VVGC. VVGC reserves the right to use any and all such photos for promotional and advertising purposes. Should you NOT wish for VVGC to use your child's photo, you must submit a written request in person.

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**I have read and understand all of the above policies.**

X

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**SIGNATURE of Parents / Legal Guardian**

**PRINTED NAME**

**DATE**