

Welcome to
Nova Gymnastics, LLC

Nova Rules

- 1) All students **must** be properly attired in gymnastics clothing.
- 2) Make-up classes are allowed **only** in a current session. Classes not made up in the current session are forfeited. They cannot be transferred to the next session.
- 3) Split and late payments will incur a surcharge.
- 4) Absolutely no chewing gum, beverages, food or jewelry are allowed in the gym.
- 5) No unregistered parents or children are allowed in the designated gym area.
- 6) Undisciplined or misbehaved students will be dismissed from the gym for safety reasons.
- 7) Parents are prohibited to talk to students or give instructions from the waiting area. All comments are to be passed through the front office.
- 8) **No refunds for unused services.** Make up classes allowed only in current session
- 9) All students must have a current, paid up, annual registration and insurance fee to participate.

EMERGENCY INFORMATION

Permission to have student medically treated in an emergency if unable to reach Parent/Guardian?

Yes ___ No ___

Medical Insurance: _____

Medical Conditions/Allergies: _____

Does student take medications? No ___ Yes ___ Please list: _____

Date of last medical exam: _____

Name/Phone of Physician: _____

Authorization For Treatment

This health history is correct as far as I know, and the person(s) herein described has (have) permission to engage in all prescribed activities as noted. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would affect the student(s) participation in the Nova Gymnastics Program. I hereby give my permission to the medical personnel selected by the Flairs' Staff to order X-rays, treatments, and release of any records necessary for insurance purposes and to provide or arrange any transportation for my child in the event I cannot be reached in an emergency and a reasonable effort has been made. I hereby give my permission to the physician selected by the Nova Staff to secure and administer treatment, including hospitalization, for the above named person.

INFORMED CONSENT

Gymnastics requires substantial amounts of energy and difficult body movements. Any student with health concerns or questions regarding his or her ability should contact a physician prior to enrolling.

I hereby give permission for my child (ren) to participate in gymnastics. My child (ren) is aware that gymnastics is a potentially hazardous activity, which involves motion, rotation and height. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

All risks to my child (ren) are known and understood by me and I hereby waive and release Nova Gymnastics and their executives and staff from any and all liability for any injuries or illnesses while participating in gymnastics. I understand that all medical expenses, which are incurred, are the responsibility of the student(s) or the student's family.

Any claims of whatsoever nature against **Nova Gymnastics, LLC** shall be limited solely to a refund of any amounts paid to Nova Gymnastics by the Claimant.

I have read and understand the policies of Nova Gymnastics and I agree to comply and be bound by these policies.

Date: _____

Signature of Parent/Guardian: _____

Today's Date.....

NOVA GYMNASTICS

REGISTRATION AND STUDENT RECORD

Please fill in the complete information requested below and on the reverse side. We attempt to keep a complete record on all students registered at Nova.

Student's First Name: _____ Student's Last Name: _____

Date of Birth: _____ School attending: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Trial Date _____ Trial class time _____

Phone Numbers: Please always list the area code

Home: _____

Mobile: Mom: _____ Mobile Dad: _____

Work: Mom: _____ Work: Dad: _____

E-mail Address: _____

Medical conditions: _____

Names of those authorized to pick up your child:

Please indicate the time and class type requested from the attached schedule if this form is completed for reasons other than a trial class:

Class Type: _____

Day: _____

Class Time: _____

Payment method: _____ Check _____ M/C _____ Visa _____ Cash

Cost: _____ Registration fee \$40

