

SOUTH COAST GYMNASTICS

STUDENT AND/OR TEAM MEMBER APPLICATION

(PLEASE PRINT):

Parent(s)/Guardian(s) Name: _____

Address: _____ Phone # () _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Name of Participant: _____ Age: _____

D.O.B.: _____ Sex: (circle one) male female

How did you learn about South Coast Gymnastics? (please circle one)

Friend Yellow Pages Advertisement School Other

School Information

Grade Level: _____ Name of School: _____

Previous Gymnastics Experience

Skill Level: (circle one) Beginner Intermediate Advanced

Competitive Team Experience: (circle one)

Level 4 Level 5 Level 6 Level 7
 Level 8 Level 9 or above Class 7 Class 6 Class 5 Class 4 or above

Current USAG # (if applicable): _____

Class Schedule - OFFICE USE ONLY!!!

Day:	Hour:	Level:	Coach:
Day:	Hour:	Level:	Coach:
Class Code:	Free Class Day:	Starting Day:	

FEES:

Pro-rate \$	Sibling Discount \$	(Sib Name)
Registration \$	Class Fees \$	Total Due \$
Date Paid	Specify Cash	OR Check #
Amount Received \$	Received By	

PLEASE COMPLETE GYMNAST & MEDICAL INFORMATION SECTION ON REVERSE.
 (ONE FORM MUST BE COMPLETED FOR EACH CHILD ENROLLED!!!)

MEDICAL INFORMATION

PHYSICAL HANDICAPS

(specify any injured body part, weaknesses, etc.)

Bones/Joints: _____

Muscles: _____

Organs: _____

CHRONIC AILMENTS

Asthma or other respiratory problems: _____

Circulatory or heart: _____

Diabetes or hypoglycemia: _____

Epilepsy: _____

Hemophilia/bleeding problems: _____

PSYCHOLOGICAL HANDICAPS

(specify problem areas such as anxieties, fears, etc.)

ALLERGIES

Insect Bites: _____

Other Allergies: _____

ANYTHING ELSE WE SHOULD KNOW ABOUT!!!

INSURANCE INFORMATION (If you have insurance we NEED your policy #!!)

South Coast Gymnastics only carries secondary insurance and will not fully cover any accidents that may occur.

****Name of Insurance Carrier:** _____

Policy #: _____

~ OR ~

I currently **DO NOT HAVE INSURANCE** and will update South Coast Gymnastics of any changes regarding my insurance information. I understand that South Coast Gymnastics is **NOT** responsible for any injuries that may occur within their facility.

**** Signature:** _____

Date: _____

PARENT AGREEMENT

***** This is a very important section for you to read! By signing below you are responsible for following these guidelines!!! *****

It is understood that in the event of a withdrawal from class, I will notify SOUTH COAST GYMNASTICS, in WRITING, prior to the withdrawal or be charged for that portion of the month in which a spot has been reserved for my child(ren). If you fail to let us know before the first of the new month that your child(ren) will be discontinuing, you will be responsible for paying for the elapsed time. **No excuses.** It is further understood that the monthly fees are due and payable on the 1st of each month, and if not paid by the 10th of that month (if the 10th lands on a Sunday then pay the Saturday before), a \$15 late fee will be assessed. This means that we must have the payment in our hands by the 10th - postmarked by the 10th does NOT count! There are NO excuses for paying past the 10th because we have already given you a 10-day grace period! To avoid any extra charges, please notify the front desk AND sign a notice when dropping from the program! Failure to do so will result in having to pay for that month.

Please take note that once your child(ren) are dropped from the program, ALL makeups are surrendered (makeups cannot be taken once dropped/unpaid).

Parent / Guardian Signature: _____

Date: _____