

TEN POINT O GYMNASTICS

38818 Taylor Parkway
North Ridgeville, OH 44039
Phone (440) 353-0101

2009-2010 OFFICE USE ONLY

Class Type _____ Class Day & Time _____ Starting Date _____
Memb Fee _____ Starting Class Fee _____
CC # _____ Exp _____

CHILD INFORMATION

Child's Name _____ Birthdate _____ Age _____

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Phone # _____ Cell # _____ Work # _____

Email Address (for future e-newsletters) _____

BILLING INFORMATION (if different from child information)

Billing Contact Name _____

Address _____ City _____ Zip _____

Phone # _____ Cell # _____ E-mail _____

How did you learn about Ten Point O?

Please mark all that apply and provide details.

- Website Friend _____ Newspaper _____
- Special Event _____ B-Day party _____
- Other _____

CHILD HEALTH & EMERGENCY INFORMATION

- Please describe any special needs that TPO's staff should be aware of in order to better instruct your child. Ex: ADHD, seizures, asthma, etc. (NOTE: If your child uses an inhaler for asthma, the inhaler must be present during your child's class participation.)

Explain _____

- In an emergency, the party OTHER THAN THE PARENTS, to be notified is:

Name/Relation _____ Phone (H) _____ (W) _____

Please read and explain this section to your child and sign below

Warning! Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis or even death from landing or falling on the head or neck. You assume a risk of serious injury in the use of this equipment, but this risk can be significantly reduced by always following these simple rules:

- Use equipment only with the supervision of a trained and qualified instructor
- Know your limitations. Always consult an instructor if you need assistance.
- The equipment MUST be used with proper mats, spotting equipment and qualified spotters suitable to the activity or skill. Always consult an instructor.

I, along with my child, _____, have read the above statement and understand the risks involved.

Parent/Guardian _____ Student (6 & over) _____

For Parents/Guardian Only – Please read and sign below

As a parent or legal guardian of _____, I give my consent for him/her to participate in the programs at Ten Point O Gymnastics. I understand that participation in gymnastics, trampoline, dance, etc. may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as paralysis or even death. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities at Ten Point O Gymnastics. As a consideration for allowing the above named minor child to participate in activities with Ten Point O Gymnastics, I waive any and all rights or causes of action against Kathryn Kothe, Ten Point O, or its employees for any and all injuries suffered by my child while under the supervision or control of Ten Point O Gymnastics and its employees. I also release Kathryn Kothe, Ten Point O Gymnastics, and its employees from all claims of damages or injuries suffered by my child or myself on the premises. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily.

Parent/Guardian _____ Date _____

We, the undersigned, certify that the applicant is in good health and may participate in activities at Ten Point O Gymnastics. In case of an emergency requiring medical treatment, the undersigned hereby authorize Ten Point O to take the student to any medical hospital facility for care and treatment, if necessary. This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists concur in the necessity for such surgery and are obtained before the surgery is performed.

Parent/Guardian _____ Date _____

Ten Point O Policies & Procedures

Please read the policies below CAREFULLY. Your signature acknowledges you have read, understand, and agree.

TUITION POLICIES:

1. Tuition is due one week prior to the first class of each session. If payment is not received the week before the first class of the session, a \$5 late fee will be applied. There will be no exceptions to this policy. We do accept cash, check or credit cards for all payments.
2. To avoid any late payments, Ten Point O offers automatic billing. By registering for this option, we will charge your child's monthly tuition after his/her first class of each session provided we have not received another form of payment by cash or check. If you wish to have this option, please fill out a separate "Automatic Billing Form" with your information.
3. Tuition is based on a 4-week session. (Please refer to the session calendar or our parent handbook for specific session dates.)
4. Ten Point O's returned check fee is \$20.
5. Please write your child's name in the memo of your check.
6. If your account is 30 days past due, you will receive a notice and your child will not be allowed to participate in classes.
7. When an account is 60 days past due, TPO reserves the right to send your account to a collection agency.

BE ADVISED: Once you register your child for a particular class you are financially responsible for that class space. You must notify the office in writing prior to the next session of classes if your child will not be returning to class. (Withdrawal slips are available at the office.) Failure to notify the office that your child is not returning to class will continue to hold you financially responsible for that class space. By not withdrawing your child from class, Ten Point O is unable to fill your child's class space.

MEMBERSHIP FEE

Ten Point O Gymnastics is a private club that requires a yearly membership. Every child must have this membership in order to participate in classes. The membership fee is a one-time payment of \$36 and is valid for one full year. The membership comes due annually based on the first month you register for classes.

MAKE-UP POLICY

We allow only ONE make-up per session, regardless of the number of classes you may have missed. To schedule a make-up you must notify the office of your child's missed class date and schedule a make-up at that time. All make-up classes must be scheduled through our office within one week of missing class. All make-ups are to be completed within the session of the missed class. If a make-up is not made during the session you missed class, then you forfeit your make-up class. Make-ups are subject to availability.

SEVERE WEATHER CLOSINGS

Ten Point O will close for inclement weather only when NORTH RIDGEVILLE CITY SCHOOLS are closed due to severe weather conditions. Please refer to Channel 3-WKYC's I-alert for all inclement weather closings. TPO will provide a special make-up class for all classes that are cancelled due to inclement weather. Make-ups are subject to availability.

HOLIDAY CLOSINGS

Remember, these holiday closings will not affect your four-week sessions. Ten Point O will be closed on the following Holidays:

Labor Day Thanksgiving Memorial Day 4th of July
Winter & Spring Breaks (specific dates are announced each year – refer to your session calendar)

CLASS ATTIRE

Pre-School & Recreational Gymnastics Programs: Leotard and gymnastic shoes, long hair must be tied back and no tights are allowed.

Cheer/Tumbling Programs: Participants should wear red shorts and T-shirt that tucks in. (Sleeveless T-shirts may be worn NO tank tops.) All clothing must cover the participants back and stomach. All clothing should be loose & comfortable; free of buttons, zippers, & buckles.

Boys: Loose fitting shorts or sweat pants (no snaps, zippers or buckles), T-shirt that tucks in and grip socks

NOTE: There is to be NO gum chewing or jewelry permitted during any class.

I have read, understand, and agree with these important policies.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY/VIDEO WAIVER:

I will allow _____, to be photographed and videotaped during their participation in Ten Point O related activities. I give permission to Ten Point O to use portions of the videotapes and photographs for promotional and documentary purposes.

Participant initials: _____ Parent/Guardian Signature: _____ Date: _____