

TEN POINT O GYMNASTICS

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

2019-2020 OFFICE USE ONLY		
Class Type _____	Class Day & Time _____	Starting Date _____
Memb Fee _____	Starting Class Fee _____	Lindsay's Law _____

CHILD INFORMATION

Child's Name _____ Birthdate _____ Age _____

Parent/Guardian: _____

Address _____ City _____ Zip _____

Cell Phone _____ Work # _____ Home # _____

Email Address (for future updates from Ten Point O) _____

Billing Contact's Name (if different from contacts) _____

Address _____ City _____ Zip _____

Cell # _____ Work # _____ Home # _____

Email Address (for future updates from Ten Point O) _____

How did you learn about Ten Point O?
Please mark all that apply.

Online _____
 Friend _____
 Special Event _____
 Other _____

CHILD HEALTH INFORMATION: Please describe any special needs that TPO's staff should be aware of in order to better instruct your child. Example: ADHD, seizures, asthma, etc. If your child uses an inhaler for asthma, the inhaler must be present during your child's class participation. If your child has an allergy that requires an epi-pen, it must be present during your child's class participation. *If you were referred by a doctor, teacher, therapist or coach, please let us know how we can work together to progress your child:* _____

SAFETY & EMERGENCY INFORMATION

- In an emergency, the party OTHER THAN THE PARENTS, to be notified is: Name/Relation _____ Cell _____
- If there are any visitation/custody issues that restrict an individual from being around your child and/or taking your child after class, please explain here: _____

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 during gymnastics classes, tumbling classes, Ninja Zone classes, birthday parties, indoor playgrounds, camps, clinics, and special events, but this risk can be significantly reduced by always following these simple rules:

1. Use equipment only with the supervision of a trained and qualified instructor
2. Know your limitations. Always consult an instructor if you need assistance.
3. 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/Ninja Zone. I understand that participation in gymnastics, trampoline, Ninja Zone, 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/Ninja Zone. As a consideration for allowing the above named minor child to participate in activities with Ten Point O Gymnastics/Ninja Zone, I waive any and all rights or causes of action against Kathryn Kothe, Ten Point O, Ninja Zone, or all employees for any and all injuries suffered by my child while under the supervision or control of Ten Point O Gymnastics, Ninja Zone and its employees. I also release Kathryn Kothe, Ten Point O Gymnastics, Ninja Zone and all 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/Ninja Zone. I fully understand that the staff of Ten Point O/ Ninja Zone are not physicians or medical practitioners of any kind. With that in mind, I hereby release Ten Point O/Ninja Zone to render first aid to my child in the event of any injury illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Ten Point O Gymnastics/Ninja Zone.

Parent/Guardian _____ Date _____

PHOTOGRAPHY/VIDEO/AUDIO WAIVER:

By attendance in class, you are granting your permission for you and your child to be filmed, audiotaped, or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

Parent/Guardian _____ Date _____

Over for Lindsay's Law Information 

2019-2020 OFFICE USE ONLY

Child's Name _____ Class Type _____ Class Day _____

Ten Point O Policies & Procedures

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 \$36 per child or a family membership fee of \$75. The membership comes due annually based on the first session 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. 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 and are a courtesy to our members. Ten Point O/Ninja Zone cannot guarantee the make-up schedule will fit your family's schedule.

SEVERE WEATHER CLOSINGS

In case of inclement weather, we will update our phone message, Facebook page, and send emails with information about delays or closings. **We do not follow North Ridgeville City Schools closings** or any other school district. Any classes missed due to us closing the gym would result in a specific make-up class. TPO cannot guarantee the make-up class will fit in your schedule.

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 & School Age Gymnastics Programs: One piece leotard and gymnastic shoes, hair tied back. No tights or skirts allowed.

Tumbling Programs: Participants should wear shorts, socks, 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

Ninja Zone: Ninja Zone official uniform (Ninja Zone t-shirt, Ninja Zone headband, and Ninja Zone grip socks)

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

KANGAROO CLASS PARTICIPANTS

All Kangaroo class participants must be accompanied by an adult over the age of 18 in order to participate in the Kangaroo's class.

TUITION POLICIES (please initial next to each policy):

- _____ 1. Each family is required to have credit card or debit card information on file for unpaid session payments throughout the 2019-2020 school year.
- _____ 2. I understand that my child is continuously enrolled in class and will incur session tuition charges on my account until I notify the office in writing that my child is withdrawing from class.
- _____ 3. **Tuition is due the last class of the current session your child is enrolled in (one week prior to the next session beginning).** If payment is not received the last class of the current session your child is enrolled in (one week before the first class of the next session), the credit card on file will be charged. There will be no exceptions to this policy.
- _____ 4. Tuition is based on a 4-week session. (Please refer to the session calendar or our parent handbook for specific session and payment dates.)
- _____ 5. If Ten Point O is unable to process your payment for any reason your account will be charged a \$10 late fee.
- _____ 6. Ten Point O's returned check fee is \$40
- _____ 7. When an account is 60 days past due, TPO reserves the right to withdraw your child from class & 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 until you notify Ten Point O/Ninja Zone, in writing, that you are withdrawing him/her from class. 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 from class will continue to hold you financially responsible for that class space and your credit card on file will be charged.

I have read, understand, and agree with these important billing policies and procedures. I hereby authorize Ten Point O/Ninja Zone to charge the following credit card every session of the 2019-2020 school year (August-May) unless I make a payment the last class of the session or if I provide written notification the last week of the session that he/she is withdrawing from Ten Point O/Ninja Zone's class.

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

Parent/Guardian Signature: _____ **Date:** _____

Participants' Name _____

Card Holder's Name _____ Date _____

Address _____

Phone Number _____

Card Holder's Signature _____ Exp. Date _____

Credit Card Number _____ 3-digit code _____

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date



Ten Point O has provided me with the required SCA Informational Sheet and the ability to view the video on-site.

I have opted to view the video on my own and have been provided the information to do so.

Name _____ Date _____