

2015-2016 Registration Form



1215 14th St. SE
 Watertown, SD 57201
 Phone: (605) 886-7530

vangilder@dakotagoldgymnastics.com

Website: www.dggymnastics.com

I. Child(ren) Information

| | | | |
|--------------|------------------------------------|--|-------------------|
| <u>Name:</u> | Birth date: ____/____/____ | Gender: (circle one) Male or Female | Class Fee: |
| Class Name: | 1 st Choice Day & Time: | 2 nd Choice Day & Time: | Registration Fee: |
| <u>Name:</u> | Birth date: ____/____/____ | Gender: (circle one) Male or Female | Class Fee: |
| Class Name: | 1 st Choice Day & Time: | 2 nd Choice Day & Time: | Registration Fee: |
| <u>Name:</u> | Birth date: ____/____/____ | Gender: (circle one) Male or Female | Class Fee: |
| Class Name: | 1 st Choice Day & Time: | 2 nd Choice Day & Time: | Registration Fee: |

II. Parent/Guardian Information

| | |
|--------------------|-----------------|
| <u>Name:</u> | <u>Name:</u> |
| Address: | City/State/Zip: |
| Cell/Home #: | Cell/Home #: |
| Work #: | Work #: |
| Email: | Email: |
| Emergency Contact: | Phone #: |

III. Medical Information

| | | | |
|----------------------|--------------|-------------------|-----------|
| Physician: | Clinic Name: | Address: | Phone #: |
| Hospital Preference: | Phone #: | Health Insurance: | Policy #: |

Are there any medications your child(ren) take(s) on regular basis? YES or NO

If yes, Please list:

Will your child(ren) need to take medication while at DGG? YES or NO

If yes, please complete a medication permission request form

Please list any allergies or physical limitations:

Procedure and Liability

Athletic participation assumes the risk of personal injury. Such injuries are not limited to, but may range in severity from temporary injuries (sprains, dislocations, and fractures) to major catastrophic injuries (paralysis, brain damage) that can result in permanent disability or even death, which can be caused by ones' own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below: and that there may be other risks either not known to me or not readily foreseeable at this time. While certain skills within the sport of gymnastics/cheer/dance involve greater risk; protective equipment, advances in sports medicine, improved coaching techniques, and a safe environment cannot eliminate the possibility of injury.

I, the minor's parent/guardian of _____ understand
child(ren) name

the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue Dakota Gold Gymnastics and Dance, Inc. and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases (administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and, if applicable, owners and lesser of premises) from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim. I also give permission for Dakota Gold staff to request medical attention if deemed necessary.

I have read and agree to the policies and procedures listed above.

Parent or Guardian Signature: _____ **Date:** _____

Check box if choosing this option

I agree on this date, _____, to pay \$_____/ month to Dakota Gold Gymnastics & Cheer, which will be set up as an automatic debit from my _____ account, and will be automatically drafted on the 1st of the month for 12 consecutive months. Upon completion of the initial 12 month period, this plan will revert to a month to month plan which can be canceled by signing the Stop ACH form (which can be found in the office), 30 day notice. Membership will be subject to current club pricing and policies after completion of initial 12 month period.

*All club registration fees are waived with this promotional plan.

* Account information form must be completed in order to set up ACH draw.

*Early cancellations are allowed due to relocation more than 45 miles from Watertown, or due to injury or illness which prevents member from participating in club operations for the remainder of their membership term, and will be subjected to a \$100 early cancellation fee.

For office use only

Notes:

Form of Payment:

Cash: Receipt #: _____

Check #: _____

Coupon/Discount: _____

Date Paid: ____/____/____

Total Fees: \$ _____