

# **Greater Buffalo Gymnastics & Fitness Center, LLC**

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[www.buffalogymcenter.com](http://www.buffalogymcenter.com)

## **2017-2018 REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION CLEARLY

ONE CHILD PER FORM PLEASE

Child's Level (please circle one)

Tiny Tumblers Junior Jumpers Kinder Kids Girls Beginner Girls Beginner/Advanced Beginner

Girls Advanced Beginner 1 Girls Advanced Beginner 2 Girls Intermediate 1 & 2

Tumbling Boys Beginner Gymnastics Fitness Boys Advanced Beginner Gymnastics Fitness

1ST CHOICE: DAY \_\_\_\_\_ TIME \_\_\_\_\_

2ND CHOICE: DAY \_\_\_\_\_ TIME \_\_\_\_\_

3RD CHOICE: DAY \_\_\_\_\_ TIME \_\_\_\_\_

### **PLEASE USE INK ONLY**

#### **STUDENT**

FIRST & LAST NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ MALE \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_ FEMALE \_\_\_\_\_

#### **IMPORTANT: PARENTS/GUARDIANS.**

Please read the 2016-2017 Greater Buffalo Gymnastics & Fitness Center, LLC Parents Handbook. The gym will assume that you have read it, understand its policies and will abide by them.

MOTHER: MRS./MS./DR. \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

FATHER: MR./DR. \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

**FAMILY E-MAIL ADDRESS:** \_\_\_\_\_

(This is our main avenue of communication with parents. Please make sure this is an e-mail that will be monitored. Forms without an email address will not be accepted.)

**IF PARENTS CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**(OVER)**

In order to ensure timely processing, please be sure all blanks are filled in. If your child does not have any limitations or allergies/illnesses, please write "none" in the blank. Each student must be covered by his/her own medical insurance. If your child does have allergies, please see: <http://www.foodallergy.org/>. If the child has an Epi Pen, please place one in a baggie with the child's name on it to leave at the gym.

MEDICAL OR PHYSICAL LIMITATIONS: \_\_\_\_\_

ALLERGIES/ILLNESSES: \_\_\_\_\_

NAME OF MEDICAL INSURANCE COVERAGE: \_\_\_\_\_

PREVIOUS EXPERIENCE: # of years: \_\_\_\_\_ level: \_\_\_\_\_ here at GBGFC? Yes \_\_\_\_\_ No \_\_\_\_\_

## **GREATER BUFFALO GYMNASTICS & FITNESS CENTER, LLC WAIVER**

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC (GBGFC, LLC) want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, and trampoline. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should encourage their children to follow all the safety rules and the coach's instructions.

The GBGFC, LLC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by GBGFC, LLC. I, my executors or other representatives, hold GBGFC, LLC harmless, waive and release all rights and claims for damages that I or my child may have against GBGFC, LLC and or its representatives whether paid or volunteer.

I also affirm that I now have, and will continue to provide, proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I understand that photos or videos may be taken in the gym, at competitions, at exhibitions or on field trips and may be used for promotions or publicity.

I give GBGFC, LLC authorization to charge my account for any overdue fees or balances that I have not paid.

## **ANY INCOMPLETE REGISTRATIONS WILL BE RETURNED.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* PLEASE NOTE -- The Following **must** be completed in order to register your child:

1. Completed & Signed Registration Form.
2. **Non-Refundable \$40.00 Registration Fee per child.**
3. First Month's Tuition.
4. Confirmation call from the gym prior to your child's first day of class. Your child will be unable to start class until you receive this call.

If you would like us to keep your card on file and automatically bill you on or around the first of each month, please sign below. Card must be present upon registration.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only: Date rec'd: \_\_\_\_\_ Registration fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Method: \_\_\_\_\_

Confirmed Date: \_\_\_\_\_ With Who: \_\_\_\_\_ By Who: \_\_\_\_\_

Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_ September 2017