

Date registration fee paid _____

Class(es) _____



Nassau gymNastics Student Information 2022

Student's Name: _____

Student's Birth Date: *Month:* _____ *Day:* _____ *Year:* _____

School: _____ Grade: _____

Facebook _____

Any **Allergies** or **Medical conditions:** Yes No

If yes, please explain: _____

Parent's information:

Mother's Name: _____

Home (Street) Address: _____

P. O. Box: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Mobile/Pager Phone: _____ E-mail Address(es) _____

Father's Name: _____

Home (Street) Address: _____

P. O. Box: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Mobile/Pager Phone: _____ E-mail Address(es) _____

Facebook _____

Family Doctor: _____ Doctor's Phone: _____

Who to call if parent cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Mobile/Pager Number: _____

Insurance Information:

Name of Insured Person: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

PLEASE READ AND SIGN THE REVERSE SIDE

Use of promotional photos and videos:

I give permission to Nassau Nastics to use photos and video material of my child (ren) / ward(s) participating in gymnastics/dance/aerobics for promotional purposes.

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

Nassau Nastics Gymnastics Club Waiver and Release Form

We, the staff of Nassau Nastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics. Participation in gymnastics involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction. The professional staff at Nassau Nastics will provide safety warnings and reinforce safety issues on an ongoing basis during instruction time.

Nassau Nastics Club, its coaches, executive members, and other staff members, whether paid or volunteer, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, competition, or clinic in which he or she may participate or while traveling to and 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/ward or wards, participate in the programmes offered by Nassau Nastics. I waive and release all rights and claims for damages that I or my child or children/ward or wards may have against the Nassau Nastics Gymnastics Club and or its representatives whether paid or volunteer.

I also affirm that I will assume the responsibility for payment of any medical expenses, which may result from a gymnastic related injury.

I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury in a way that he/she feels is appropriate.

I have read and understand the important information regarding the rules governing gymnasts' activities and fee payments and agree to abide by these Nassau Nastics' Policies.

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

The staff at Nassau Nastics will make every attempt to contact parents/guardians in the event of an emergency regarding their child. I fully understand that Nassau Nastics staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release Nassau Nastics staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Nassau Nastics staff to seek medical help, including transportation by a Nassau Nastics staff member or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Nassau Nastics staff deem it necessary.

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

Which hospital would you like your child taken to in case of accident or emergency: _____ **Doctors'** _____ **PMH**

Parent Volunteer Commitment

Please read the Information, Rules & Policies for details. Parent participation is vital to the continuation of Nassau gymNastics

I agree to assist the Club in one or more of the following:

(Please indicate with an "X" in the appropriate area):

- ____ Volunteer time to help during a club event
- ____ Donate food or other needed item for a club event
- ____ Offer transportation to move equipment for a local display
- ____ Assist with scholarship drive in the community
- ____ Assist with fundraising efforts in the community
- ____ Provide a financial donation in lieu of other forms of assistance
- ____ Other (please specify)_____

How did you hear about Nassau Nastics?

Newspaper/Radio Word of Mouth Display Social Media Other (please specify)_____



Nassau gymNastics Parent Agreement

I have read and understood all Rules and Policies established by Nassau Nastics gymnastics (from this point referred to as “the Club”) included in the registration packet. I agree to follow all Rules and Policies and to uphold the standards of the Club.

I understand that as my child(ren)/ward(s) is/are members of the Club, I will be expected to attend important meetings and be required to assist in Club hosted events by volunteering time or offering contributions.

I understand the importance of keeping myself informed of what is going on in the Club through the club’s annual calendar of events, bulletin boards, posted announcements and information posted in the Parents’ Whatsapp Group.

I also agree to constructively voice any concerns or comments that I have about the Club to the, Head Coach or Jr. Program Director of the Club. I understand that if I am uncomfortable talking to the staff directly I am welcome to message the Head Coach via email or Whatsapp.

I also agree to discuss with my child(ren)/ward(s) the importance of following the coaches’ instructions and to not go on gym equipment without coach supervision in order to avoid injury in the gym.

I understand that when visiting the Club it is important that parents remain in designated sitting and viewing areas. Parents are also asked not to interrupt lessons. The Clubs equipment is designed for supervised instruction and The Club is not liable for any accidents which may occur if parents/guardians are not in designated areas.

I understand that Parents participating in the tots classes are also advised not to get on equipment unless instructed by a coach and care must be taken once this approval is given. Any parent getting on gym’s equipment does so at his/ her own risk.

I have read and completed the Club’s student information and waiver forms

Payment of Fees

Fees are due by the 10th of each month after which a late fee of 10% will be applied. If by the end of the month fees are still unpaid your child(ren)/ward(s) will not be allowed in class until the account has been settled or some satisfactory arrangement has been made.

Parent/ Guardian Name _____

Parent/ Guardian Signature _____

Date _____



Late Pick Up Policy

Attention Parents.

- Pick up time for **ALL** gymnasts is within **15 minutes** after the end of their class.
- Parents will be charged a Late Pick Up Fee if their gymnast is not picked up on time (20-40 minutes \$10, Over 40 minutes \$20).
- In cases of extreme lateness where a gymnast has not been picked up within 40 minutes after the end of their class and the parent has not contacted the gym/coach, the gymnast will be taken to the nearest Police Station.

Oakesfield Gym- Quacko Street Police Station

Parents are also asked to please let us know if someone other than yourself will be picking up your child on any given day.

If you are unable to collect your child on time we kindly ask that you call the gym and let us know what time you are expected to arrive; **this is only common courtesy** and not having minutes on your phone is not an adequate enough excuse.

Thank you for your kind understanding in this matter.

Parents please be respectful to the coach/es who have patiently waited for you to collect your child; come inside and say thank you. Your kid is watching the way you handle stressful situations.

I _____ the legal guardian of _____, agrees that if I am unable to collect my child/children by the pick-up times specified above, my child/children will be taken to the nearest Street Police Station where they can be collected. I also agree that if I make arrangements for my child/children to be collected, it is my responsibility to make sure that they have been collected on time. I also acknowledge that I have been given the gym's and the Head Coach's contacts so that I can call, Whatsapp or SMS if I am running late.

Parent's signature _____ Date: _____

Nassau Nastics Contact Information
Coach Ramsey's Cell 242-525-7279



Nassau Nastics Parents Whatsapp Group

Please add my cell phone contact to the Parent's Whatsapp Group. I understand that only gymnastics related information will be posted in this group by the administrators, which may include gym schedules and class times, events and competitions etc.

Name: _____ (Print)

Cell: _____

Name: _____ (Print)

Cell: _____