

OFFICE USE ONLY COMP _____

Student Information

PLEASE PRINT

Child's Name _____ BOY / GIRL Birth Date: ____ / ____ / ____
circle MO DAY YR

Address: _____
Subdivision: _____ School: _____ Grade Level(2009-10).....

Parent information

Divorced(Check if applies)

Father's Name: _____ Cell Number _____
Address(If different) _____ Occupation: _____ Work #: _____
Mother's Name: _____ Cell Number _____
Address (If Different) _____ Occupation: _____ Work #: _____

Email Address

Home Telephone ()

Email address will be used for Gym Spot Communication ONLY. Will not be shared with anyone!

Emergency Information

If we cannot reach the above number in an emergency, we will contact the people below in order of appearance.

1.Name: _____ Telephone:() Relationship: _____
2.Name: _____ Telephone:() Relationship: _____

If emergency warrants, Gymnastics Spot personnel will call the Mundelein Rescue Squad & your child will be transported to Condell Hospital

Health History

Height: _____ Weight: _____ Eye wear: Glasses / Contacts / None
Circle

Doctor's Name: _____ Telephone: ()

(Check if YES)

HAVE OR SUBJECT TO:

- Asthma Fainting Spells Convulsions Heart Problems
Other - Explain: _____

HAVE DIFFICULTY WITH:

- Eyes Nose Digestion Menstrual Cycle
Ears Throat Other - Explain: _____

Any current condition requiring medication? Yes / No

If yes, explain: _____

Any allergies? Yes / No

If yes, explain: _____

Any activity restrictions for medical reasons? Yes / No

If yes, explain: _____

SIGNED _____ DATE _____

00708 HealthHistory for Developmental and Pre-School Parent or Guardian

New Member: How did you hear about the Gym Spot. Check please
Yellow Page
Park District
Internet
Parade
Paper Ad
Birthday Party
Friend Referred by (please fill in below)

Registration Fee

An \$20.00 Registration Fee is required of all families. This yearly fee is non-refundable, non-creditable, and is effective for all students. Those students beginning in January-May will pay 50% of the amount due.

Excess Medical Insurance

A mandatory \$18 insurance fee is due at registration and is nonrefundable. It covers a gymnast until the following September. Those students beginning in January-May will pay 50% of the amount due. The accident medical coverage is an Excess Policy (over and above valid and collectible coverage) carrying \$100 deductible. Please understand that you must have a primary carrier for your child's hospitalization / medical insurance.

Tuition

Tuition is based on session payments. Please refer to "The Spot-Lite" newsletter for specific due dates and duration of sessions. There are no refunds or credits for missed classes. If a child has a serious illness or injury and misses 3 consecutive classes and the office is notified immediately, there will be a 50% credit for the missed classes.

Payments

WEEK 9 Payments are due on this week of a session for the next session.

WEEK 10: Students may be replaced if payment is not received the **10th week**

WEEK 1 A Late fee of 5% could be charged on the unpaid balance which will be assessed **after the first class of the new session**. Monthly interest will continue to accrue on any unpaid balances..

Week #2: If payment is not received, the parent will be contacted and the gymnast may be pulled from the program due to non-payment. The Gym Spot reserves this right in order to continue to provide excellent and affordable gymnastics instruction the rest of the gymnasts.

Payment Difficulties

Please contact the office should any extenuating circumstances preventing the prompt payment of tuition occur. Special arrangements may be made.

Family Discounts

"The Gym Spot" will continue its policy to give discounts to additional family members. If more than one child is enrolled, please check with the office for the discounted tuition rates.

Returned Checks

For returned checks, a \$15.00 fee, **or any bank fee/penalty charges "The Spot" may incur**, must be passed on to you. Sorry!

Summer Classes "Flexi-Schedule"

Discounts for unattended classes are given only during "The Gymnastics Spot Flexi-Schedule" Sessions. Summer class information forms will be given to all gymnasts prior to the start of the "Summer Session." In order for the "Gymnastics Spot" to honor the discounts, the forms must be filled out completely, and payment of tuition made to the office prior to the 1st summer class.

Fall Deposits

A \$50 fee can be paid to reserve a place in our Fall Program for those students who have attended **all Sessions during the year** (may miss 1 session only) and do not participate in the "Summer Program." Please ask for a copy of our "Fall Deposit Policy" **during Session #5 May - June**.

Supervised Practice Time

Open to those athletes that wish a little extra practice without the constraints of class structure.

Also gymnast that miss a class - he/she may attend "SUPERVISED PRACTICE TIME" free of charge up to 1 session after the missed class. Pre-1st graders may attend "TOT SUPERVISED PRACTICE TIME" free of charge, For those wishing to take advantage of extra work-out time, the following applies:

1st Grade & Over Fall - Spring **Designated Saturdays Summer Day and Times call for updates**

Fee: \$5.00 MEMBERS (participating in class program) \$7.00 NON-MEMBERS (do not participate in class program), * all non-members must purchase an insurance card.*

Pre - Kindergarten Fall - Spring **Please watch signs or call for days 12:00- 1:00.**

Class Make-Up Policy

If your child is sick or you are out of town during a week when your child's class is scheduled to meet, he/she is eligible to make-up that class by attending a supervised practice for free. This policy also applies to any class cancellations that are initiated by the Gym Spot. Eligible class make-ups must be completed no later than the following session.

GYMNASIUM POLICIES 2009-10

Proper Attire:

- 1.) **Girls** proper dress attire should include leotard or T-shirt if properly secured. Tights are not allowed because they are slippery and cause a safety hazard.
Boys: gym shorts (elastic waist bands only, please) T-shirts, white socks and warm-ups pants. All long shirts must be tucked in.
- 2.) All long hair (shoulder length or longer) **must** be tied back prior to the start of each class..
- 3.) If attire and hair are not in accordance with this policy, the gymnast will not be allowed to participate in the class until resolved. This will be considered and **unexcused absence**.
- 4.) Please put name on all possessions. All items in the "Lost and Found" will be donated to a charitable organization at the end of each session.
- 5.) Each gymnast must supply their own handgrips, athletic tape, etc. These and other such items may be purchased in the "**Spot Shop**", our in-house pro-shop.
- 6.) Students should not wear jewelry of any kind to class. Besides being a safety hazard, one takes the risk of it becoming lost.

The "Spot" assumes no responsibility for any valuables either lost or stolen at our facility.

Class Conduct

- 1.) Students should be on time for class. The warm-up exercises are specifically designed to stretch and strengthen certain muscle groups. This enables the gymnast to more easily execute gymnastics skills and reduces the risk of injury. If a student arrives late, he/she will be required to do a warm-up prior to class participation.
- 2.) Students must remain in their assigned groups while in class. They may be excused only with the permission of the instructor.
- 3.) No one is allowed on the apparatus unless they are participating in a scheduled class, supervised practice, or under the direction of the instructor.
- 4.) If a student must leave class early, he/she should inform the instructor at the beginning of class.
- 5.) The staff reserves the right to remove students who create a safety or discipline problem from class temporarily or permanently.
- 6.) Gymnasts are expected to be friendly, courteous, and helpful to all classmates.
- 7.) Gymnasts are expected to listen carefully to the instructors, to always do their best, and not to hesitate to ask questions.
- 8.) If siblings accompany the student to class (Parent and Tot only), they must remain in the designated area and stay off the apparatus.
- 9.) Candy, gum, or drinks (other than water) are not allowed in the gym.

Thank you for not smoking in the building.

I have read and will abide by the Financial Matters and Gymnasium Policies.

Signed: _____
(Gymnast)

Date: _____

Signed: _____
(Parent or Guardian)

Date: _____

Gymnastics at The Gymnastics Spot is a serious business. We provide you with a highly trained staff and approved equipment.

Our coaches are competent, specially trained, and certified professionals who view their involvement in gymnastics as their life's work, not as a hobby.

Pre-planned lesson plans are followed. Lesson plan designers must subscribe to professional journals, attend numerous professional clinics and congresses, and carry on continuous professional growth to stay abreast of safety and technical developments in the gymnastics field.

Gymnastics involves motions that subject the body to contact with inanimate objects. This carries the risk of injury, paralysis, or death. Nationally, the incidence of catastrophic injury is extremely low. In the past, less than 10 per year, recently, less than 5 per year; **however, "The Gymnastics Spot" has never had an injury of this kind since we opened in 1978.**

No coach, no equipment or landing surface and no procedure can completely eliminate these risks. But a well-run program supported by parents who help their children understand and follow the rules and guidelines can very greatly reduce them.

These are risks that YOU ASSUME when you practice gymnastics.

We at "The Gymnastics Spot" have established a commitment to take good care of your child (children) using the best resources. We ask your commitment to support our work.

I acknowledge that I have read this document and have been "Notified" by use of this form, the inherent "risk" in the sport of gymnastics. I agree to support the staff and follow their guidelines so that risk might remain low, and serious injury eliminated.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Gymnast

Witness: _____ Date: _____