

Parent or Guardian: Please read, and date.

Athlete Membership Agreement and Information

Read the following carefully and sign below. NOTE: Parent sign if student is under 18 years. Fill in all blanks; submit forms for current season only bearing original signatures.

Agreement: In consideration of my membership in Two Jacks, Inc., dba GymCats, from here out known as GymCats, and my participation in GymCats classes, events, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of GymCats.
2. Readiness to Participate: I will only participate in those GymCats classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to GymCats and/or the Host Organization to provide, through a Medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury , paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events , including the use of inflatables, trampolines, foam-filled pits and climbing apparatus.
5. Payment Responsibility: I, the undersigned, have read the attached Rules and Policies governing registration and payment. NO REFUNDS WILL BE GIVEN. I understand that I am registering my child (children) for a full session whose total fee is \$_____.

I further agree that GymCats, and the sponsor of any GymCats event, along with employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identifies above.

Information

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through: _____ Signature of Athlete X _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by GymCats.

Printed name of Parent/Guardian: _____
Signature of Parent/Guardian: X _____ Date: ____/____/____

If Paying by Credit Card: VISA MASTERCARD

Credit Card # _____ Exp. Date _____
CVV Code _____ Signature: X _____ Date _____

For Office use only:

Total Payment due: _____

Registration Form (One per child, please PRINT clearly)

Student _____

Age _____ Date of Birth _____ Gender _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

1st Guardian Name _____ Cell # _____

Email Address: _____

2nd Guardian Name _____ Cell # _____

Email Address: _____

Additional Information:

Physical or Psychological Handicaps: _____

Allergies, etc: _____

Emergency Contacts if guardians cannot be reached:

Name: _____ Phone # _____

Name: _____ Phone # _____

Class Name: _____

1st Choice Day: _____ Time: _____

2nd Choice Day: _____ Time: _____

How did you hear about GymCats Gymnastics?

*waiver on back and inside

Covid-19 Waiver

In addition to the foregoing, the novel Corona-virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. GymCats/Equalize has put in place reasonable preventative measures to reduce the spread of COVID-19. However, certain inherent risks that Participant or anyone else will not become infected with COVID-19, including the spouse, guests, unborn child, or relatives of Participant, cannot be eliminated regardless of the care taken by the GymCats/Equalize. Participant acknowledges and agrees that he/she is duly aware that participation in activities organized by any of the GymCats/Equalize, activities occurring at the club/gym or any premises or facility in which any of the GymCats/Equalize operate, could increase the risk of being exposed to or contracting COVID-19. Participant hereby voluntarily assumes all risk of loss, damage, or injury, including without limitation, personal injury and death, and including all risks relating to COVID-19, that may be sustained by Participant, or any property of Participant, arising out of or in any way related to the condition of the premises and its facilities, use of any part of the premises or facilities, actions of third-parties on the premises, participation in any activity organized by GymCats/Equalize, and/or any other matter or thing related to the participant being on the premises.

I understand that the coaches and everyone at the gym will make a strong effort to maintain social distancing but that there will be times when incidental contact and less than prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training my gymnast in order to keep her safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by GymCats, knowing that it is impossible to keep her, myself or anyone else who enters the gym completely safe from exposure to the Covid-19 virus. I accept that risk.

Signature: Parent/ Guardian or Participant

Date

Printed name: Parent or Guardian

Printed name: Student