

2021  
REGISTRATION FORM  
PLOVER LOCATION



CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_ ANY MEDICAL, BEHAVIORAL OR SPECIAL NEEDS: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION:**

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
Phone #( ) \_\_\_\_\_ Cell Home Work Phone#( ) \_\_\_\_\_ Cell Home Work  
E-mail: \_\_\_\_\_

**EMERGENCY CONTACT PERSON (OTHER THAN PARENT/LEGAL GUARDIAN):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Registration Fee:** \$20 Annually **Payment Plan** YES NO (See back for details)

NOTE: THE REGISTRATION FEE IS PAYABLE ONCE A YEAR and will be prorated in July 1<sup>ST</sup>

**ASSUMPTION OF RISK – WAIVER OF LIABILITY – INDEMNITY AGREEMENT**

- 1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child to participate in any program or activities with Carousel Gymnastics, I ACCEPT ALL RISKS associated with such participation. My child has no physical, mental or emotional problems that would interfere with participation in this program.
- 2) In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical attention and I hold Carousel Gymnastics and their representatives harmless in the execution of such. In addition, I agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at Carousel Gymnastics.
- 3) In consideration of my child's participation I hereby PROMISE NOT TO SUE AND FOREVER RELEASE Carousel Gymnastics, their respective owners, directors, employees and volunteers from all liability resulting from damages or injuries as a result of participation including those resulting from acts of negligence.
- 4) I hereby agree to indemnify and save hold harmless the releases and each of them FROM any loss, liability, damage, or cost they may incur arising out of or related to ANY ACTIVITIES whether caused by the negligence of releases or others.

**Any and all gymnastics skills will be conducted in a safe gym environment and will hold Carousel Gymnastics harmless of any injuries incurred in and outside the gym areas. Carousel Gymnastics carries excess medical and liability insurance for all members. Your own carrier is your primary insurance.**

**I want to do my part to help Carousel Gymnastics keep my child(ren), teammates, the coaches, other families, other students and everyone else at the gym as safe as possible under the COVID-19 pandemic. I have read, understood and agree to follow the following policies and procedures.**

**I understand and agree that:**

- Only one parent may enter the gym with their child. Parents are welcome to drop off and pick up in front of the gym.
- While parents are always welcome to watch, Carousel will need to limit in-person viewing because our observation area will accommodate 95% fewer spectators if we are to conform to the 6" distancing standards.
- I will support the social distancing standard of 6' while at the gym.
- If all viewing space is taken, no further seating will be possible and parents will need to wait outside.
- Students must use the restroom and wash their hands thoroughly before coming in the gym. Students should always wash both hands and feet after returning home. Hand sanitizer will be provided throughout the gym and waiting areas.
- I agree to keep my gymnast or ninja home if my child or anyone in my family is coughing, has a temperature over 100.4 degrees, or other COVID-19 symptoms.
- I am aware that my child may wear a mask, but that it is not required to do so.
- I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the State of Wisconsin and/or Carousel Gymnastics.

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I understand that the coaches and everyone at Carousel Gymnastics 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 or ninja in order to keep them 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 Carousel Gymnastics, LLC., knowing that it is impossible to keep my child, myself or anyone else who enters the facility completely safe from exposure to the COVID-19 virus. I accept that risk.

I have read this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT and PHOTO RELEASE** and fully understand its terms. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ALSO ON BEHALF OF PARTICIPANT(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT, ASSURANCE OR GUARENTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I agree and give permission for my child (ren) to participate. I have read and agree to Carousel Gymnastics, LLC, rules and policies, and billing as written in the Parent Handbook.

PARENT/LEGAL GUARDIAN'S Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO RELEASE WAIVER

I hereby authorize Carousel Gymnastics, LLC. to publish the photographs and videos taken of my child, including name, for use in printed publications, website and social media. I release Carousel Gymnastics from any expectation of confidentiality and attest that I am the parent or legal guardian of the child listed above and that I have the authority to authorize the use of such photographs, videos and names. I acknowledge that since participation in publications and social media produced by Carousel Gymnastics is voluntary, neither my child nor I will receive financial compensation. I further agree that participation in any publication and social media produced by Carousel Gymnastics confers no rights of ownership whatsoever. I release Carousel Gymnastics, its contractors and its employees from liability for any claims by me or any third party in connection with the participation of the child listed above.

\_\_\_\_\_ Agree to use    \_\_\_\_\_ DO NOT Agree to Use

### OFFICE USE ONLY

	Winter Session	Spring Session	Summer Session A	Summer Session B	Fall Session
Class					
Day / Time					
Registration Fee \$20					
Total Tuition Due					
1st Payment Received (Cash, credit card or check #) Staff Initials					
2nd Payment Received (Cash, credit card or check #) Staff Initials					

**\*All tuition must be paid in full before registering for the next session to ensure your child's participation.**

### PAYMENT PLANS:

- First payment of registration fee and 1/2 tuition is due at the time of registration to hold your child's spot in class
- Second payment is due by the middle of the session. (Example: week 6 of a 12-week session.)
- \$10 Late fee will be assessed if full tuition is not paid by mid-session.