



The Gym Park Corp.
81 Oak Street Greenpoint N.Y. 11222
(718) 349-6627
Info@TheGymPark.com

Class: _____
Day : _____
Time: _____

The Gym Park Participant / Membership Registration Form

Participant Information (Please fill out all applicable fields) Previous Member: Yes ___ No ___

Last Name _____ First Name _____
Home Address _____ Apt# _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Birth Date ___/___/___ Age ___ Gender ___ Participant E-Mail _____
Health Insurance Policy Name & Number _____
School Name _____ Grade Level _____

Parents/Legal Guardians Info (If participant is under the age of 18, this information is required)

Parent #1 Last Name _____ Parent #1 First Name _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent #2 Name _____ Parent #2 First Name _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent #1 E-Mail _____ Parent #2 E-Mail _____

Emergency Information Required: (Someone other than parent if participant is under 18)

Last Name _____ First Name _____ Family ___ Friend ___
Home Phone _____ Cell Phone _____ Work Phone _____
Caregiver Name: _____ Phone: _____

THE GYM PARK CORP. will not register any student in THE GYM PARK program without the waiver form on the back of this page being executed, and the medical clearance form fully filled out by a physician.

THE GYM PARK CORP. Registration Fee is non-refundable and non-transferable.

Please Make Checks Payable to: The Gym Park Corp.

I understand and comply with THE GYM PARK CORP. RULES AND REGULATIONS submitted with THE GYM PARK CORP. Registration Packet, and I have signed the POLICIES AND WAIVER form on the back of this page.

Signature _____ Date _____

Total Due \$ _____ Details:

Pay 1: _____ Date Rec: _____ Rec By: _____ Cash/Ck/CC #: _____ Bal due: _____

Pay 2: _____ Date Rec: _____ Rec By: _____ Cash/Ck/CC #: _____ Bal due: _____

THE GYM PARK CORP. POLICIES AND WAIVER FORM

CANCELLATION/REFUND POLICY

1. THE GYM PARK CORP. reserves the right, prior to the first class or thereafter, to cancel a class due to insufficient registration. If the class is cancelled a full or partial refund will be provided.
2. There is a non-refundable yearly registration fee in addition to the price of all classes at THE GYM PARK CORP. Registration concludes on August 31st of each year.
3. Requests for class tuition refunds (not including the non-refundable registration fee and the fee for any classes taken) will be considered through the third class. All requests must be submitted in writing. No refunds or credits will be given after the third class. (Please allow 2-4 weeks for processing.)
4. Class tuitions are non-transferable.
5. Two Make Ups per 18-week semester are permitted provided notice from the student is submitted and We have suitable class availability. Make-ups cannot be carried over to the next semester. No Make ups the final week of classes.
6. Private lesson cancelations must be made 24 hours in advance.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

By the very nature of sports, gymnastics and other activities available at THE GYM PARK CORP. carry a risk of physical injury. No matter how careful the participant and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment utilized, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. All Sports, and gymnastics, carries with it a reasonable assumption of risk.

THE GYM PARK CORP. is bound by law to inform all participants and/or their guardians of the risk involved in the activity of gymnastics and sports in general. Anyone participating in THE GYM PARK CORP. programs must sign the notice on the application, and adhere to the safety rules governing THE GYM PARK CORP. These rules are posted inside THE GYM PARK CORP. In consideration for THE GYM PARK CORP.'s acceptance of the applicant, and in consideration of the applicant's opportunity to improve skills through the use of THE GYM PARK CORP.'s staff, equipment and facilities, those legally responsible for the named enrolling student acknowledge the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless THE GYM PARK CORP., its employees, and all others concerned, and to indemnify them against loss.

I certify that the enrollee has no condition that prohibits full participation in the activities at THE GYM PARK CORP. I assume all ordinary risks when using the facilities and hereby release THE GYM PARK CORP., or any of its employees, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize THE GYM PARK CORP., its agents and employees, to contact and secure necessary medical attention for me or my child.

PHOTO RELEASE:

I authorize that THE GYM PARK CORP. to use all photographs or videos taken of me or my child during camp/leagues/classes, etc. for advertising, instructional, and/or promotional material.

I, the parent/guardian or student over the age of eighteen have read the THE GYM PARK CORP. Policies and Waiver Form above including the **CANCELLATION/REFUND POLICY**, **MEDICAL RELEASE AND ASSUMPTION OF RISK**, and **PHOTO RELEASE** and understand and agree to be bound by them.

Signature _____
(parent/guardian if student is under 18 years of age)

Date _____

THE GYM PARK CORP. GENERAL ETIQUETTE

1. All students are expected to arrive promptly at the scheduled starting time for all classes and/or special events. Students who arrive after the start of a class must ask the Instructor in charge for permission to enter the class. Students arriving after the completion of warm-ups may NOT be allowed to participate in classes.
2. Any student who is absent 4 out of 6 classes and /or special events may be expelled without refund of tuition. An exception will be made in case of illness or injury, provided that a doctor's note is presented.
3. All Participants must be properly attired for gymnastics activity at all classes. The following is a general guide for proper attire: Leotards, tights, non-baggy shorts & shirts. Any tight fitting clothes are acceptable attire for The Gym Park activities. The proper footwear for all classes is a pair of socks & gymnastic slippers.
4. For safety reasons, **JEWELRY** of any kind is **STRICTLY FORBIDDEN!**
5. All participants may be asked to assist in setting up and/or breaking down of the gymnastic apparatus and equipment as directed by the instructors.
6. For reasons of safety and hygiene, all students and guests must observe the following the etiquette: We do Not permit any food, candy, gum, drinks or any contained beverages of any kind on the gym floor. The blue rug is the border. Please help keep our gym clean.
7. You are not permitted to smoke on the premises of The Gym Park.
8. Due to limited space and safety, **NO ONE** will be allowed in the gymnasium except the participants and THE GYM PARK CORP. Instructors. Parents will have to remain in the waiting area. All students under 3yrs. of age must be accompanied by a parent/caregiver who must remain in the gymnasium during classes.
9. Parents, please do not expect the Instructors to "Baby Sit" for the other children in your family while one or more of your children are attending classes.
10. No **School Books** or **Cell Phones** permitted on the gym floor.
11. Participants of THE GYM PARK CORP. are not to enter onto the gym floor until the prior class has been dismissed and their class has begun. If there is no preceding class, participants must wait in the lobby until their class time begins.
12. Adult Participants **MUST** have a towel to wipe themselves off.

Gym Park Participant/ Member Name (Print)

Participant/ Member Signature

Date

Parent/ Legal Guardian Name (Print)

Parent/ Legal Guardian Signature

Date

THE GYM PARK CORP. OPEN PLAY ETIQUETTE

1. Please Sign in & acknowledge your presence to the front desk.
2. Present your pass or registration forms at the front desk.
3. Each active infant/child is charged the Open Play current daily rate. Baby's that are held/swaddled or in a carriage are not charged.
4. The daily rate includes one adult and one child. Any additional children or adults are charged the daily rate.
5. We Do Not permit any food, candy, gum, bottles, or drinks (including contained beverages) on the gym floor. Please eat and drink in the designated lobby area.
6. Socks are the mandatory footwear on the gym floor. No bare feet. No shoes (including baby shoes).
7. For safety concerns appropriate clothing is required. This includes tight fitting shorts & shirt or a leotard. Please avoid skirts, tutus or baggy clothing.
8. No jewelry of any kind is allowed on the gym floor.
9. All strollers MUST be folded and parked away from the front door.
10. Please do not block the entrance & exit.
11. Parents are not permitted to use the trampolines for jumping.
12. Parents are not permitted to use any of the gymnastics equipment.
13. Please Help Clean Up! Please return at least two play items (toy, mat, etc.) back to it's storage location before you leave The Gym Park.
14. No cell phones on the gym floor! Cell phone use is permitted in the lobby area only.
15. Please supervise your children while they play. Parents must be on the gym floor during Open Play.
16. We encourage cooperation, patience and sharing as part of our The Gym Park Etiquette.
17. Have Fun!

Gym Park Participant/ Member Name (Print)

Participant/ Member Signature

Date

Parent/ Legal Guardian Name (Print)

Parent/ Legal Guardian Signature

Date



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MEDICAL CLEARANCE FORM

Print Athlete's name: _____ Date Of Birth : ____/____/____

PHYSICIAN'S STATEMENT

I have examined _____, and found him/her to be
able to participate in a program of Rigorous Physical exercise including competitive artistic gymnastics.

Known Allergies, Physical Limitations, and/or Doctor's Comments: _____

PHYSICIAN'S SIGNATURE

DATE: ____/____/____

PHYSICIAN'S INFORMATION

PHYSICIAN'S Name: _____
(Print)

Address: _____

Telephone number: _____

License Number: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

MEDICAL HISTORY

YES NO

IMMUNIZATIONS

____ ____ Tetanus: Date of last booster ____/____/____

GENERAL

____ ____ Are you currently taking any medications? If so list them here:

____ ____ Do you have Any allergies? If so list them here:

____ ____ Have you had any major illnesses in the last two years? If so list them here:

____ ____ Have you ever had surgeries?. If so list them here:

____ ____ Do you have hemophilia or a bleeding disorder?

____ ____ Do you have diabetes?

____ ____ Do you have anemia?

____ ____ Have you ever been advised by a medical doctor not to participate in any athletic activities

____ ____ Do you have any missing body parts (eye, kidney, etc.)?

____ ____ Have you ever had an eating disorder?

EYES

____ ____ Do you have poor vision in either eye?

____ ____ Do you wear glasses or contact lenses?

____ ____ Do you have blurred vision?

____ ____ Do you have double vision?

EAR, NOSE AND THROAT

____ ____ Do you have frequent nose bleeds?

____ ____ Do you have frequent sore throats?

____ ____ Do you have frequent ear infections?

____ ____ Have you noticed decreased hearing in either ear?

CARDIOVASCULAR

____ ____ Have you ever had rheumatic fever or scarlet fever?

____ ____ Do you have a heart murmur?

____ ____ Do you have high blood pressure?

____ ____ Do you ever get any chest pain?

____ ____ Do you ever get palpitations (extra strong or irregular heart beats)?

CHEST/PULMONARY

____ ____ Have you ever had pneumonia?

____ ____ Do you have asthma?

____ ____ Are you frequent short of breath?

____ ____ Do you ever wheeze?

ABDOMINAL

____ ____ Do you have frequent abdominal pain?

____ ____ Do you have or have ever had an ulcer?

____ ____ Have you ever had hepatitis? Have you ever had a hernia?

NEUROLOGIC

____ ____ Do you have occasional dizziness?

____ ____ Do you ever faint?

____ ____ Do you ever have frequent and severe headaches?

____ ____ Have you ever had a neck injury?

____ ____ Have you ever had seizures or epilepsy. If yes give most recent date ____/____/____