

Jennie's Chesapeake Gymnastics Club, LLC
J.C.G.C
871 Keith Lane Unit 2
Owings, Maryland 20736
410-286-2646

How did you find out about our program? _____

Please select a program: ___ Gymnastics ___ Cheer Tumbling

Start date _____ Class date and time: _____

Student's Full Name / Date of Birth _____

Parent/Guardian (1) Full Name _____ (2) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone (1) _____ Cell Phone (2) _____

Email address (1) _____ (2) _____

Emergency Contact Name _____

Emergency Contact Number _____

Does your child have a medical or other condition that would affect his/her participation in gymnastics activities:

No ___ Yes ___ if "yes", please explain: _____

I have received and read JCGC rules and policies with regard to the program(s) that I have indicated on this registration form. I understand that violation of the club regulations may result in the dismissal of me/my child (children) from the program and facility. I take full responsibility for all payment of expenses and legal fees. If I fail to make payments to JCGC regarding my child/children programs, the staff of JCGC has the right to not allow me/my child (children) to participate in any of the programs or competitions.

MEDICAL AGREEMENT AND MEDICAL RELEASE

All precautions will be taken to prevent accidents. Simple first aid will be provided to all minor injuries. Parents/Guardian/Spouse will be contacted when necessary. I hereby release all rights and claims for damages that I have at any time against JCGC and its representatives, whether paid or volunteer, for any injuries or damages in connection with the gymnastics program or other activities related to JCGC. The risks involved in respect to such programs are fully understood and have been explained to me and my child (children). I hereby give permission for me/my child/children to be taken to a nearby hospital to be treated (including x-rays) in case I cannot be reached in an emergency.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

** Please make checks payable to Jennie's Chesapeake Gymnastics Club, LLC (JCGC) and include your child's name your payment.

Fees: Registration Fee \$25.00 per child
Class Fee \$10.00 per week based on number of weeks, for 1/2 hr. (18 months to 3 yrs old)
\$85.00 monthly for 1 hr. (4 yrs old and up)

PAID MONTHLY in the beginning of the month



JENNIE'S CHESAPEAKE GYMNASTICS CLUB, LLC.

**871 KEITH LANE UNIT 2
OWINGS, MARYLAND 20736
410-286-2646**

Acknowledgement of Risk and Waiver of Liability and Permission to Treat

I (We) _____ hereby give permission for my/our
Child _____ to participate in classes/events conducted at Jennie's
Chesapeake Gymnastics Club, LLC. (JCGC).

I (We) _____ have read the rules and the policies handbook and have
reviewed them with my child and agree to adhere to the terms and conditions.

I (We) _____ agree to support and abide by the policies and rules posted in
the handbook.

I (We) _____ understand that it is my responsibility to carry my
own accident and medical insurance. In the event of an injury or accident, I (We)
_____ authorize customary medical treatment if it becomes
necessary and transportation and emergency medical services if warranted. The enrolled child is capable of
participating in the sport of gymnastics and has had a physical within the last (12) twelve months. Any activity
involving motion, tumbling, height, swinging, etc... involves the possibilities of serious, permanent or fatal injury.

I (We) _____ Understand the risks of participating in the sport of
gymnastics and therefore, in consideration for allowing my child to use JCGC's equipment and facilities, I (We)
_____ hereby forever release JCGC, it's owners, officers, employees,
teachers and coaches for all liability for any and all damage and injuries suffered by my child while under the
instructions, supervision or control of JCGC, it's owners, officers, employees, teachers, coaches.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood
completely, is signed voluntarily as to its content and intent.

Date _____ Signature of Mother or Legal Guardian

Date _____ Signature of Father or Legal Guardian

Name of Gymnast _____