

LEGACY GYMNASTICS 2008 FALL CLASS REGISTRATION FORM

\$25 REGISTRATION FEE MUST BE PAID WITH REGISTRATION

MONTHLY FEES: Due at the 1st of the month, late on the 10th, late payments incur an additional \$25 late fee

WITHDRAWAL POLICY: A 30 day notice is required prior to withdrawal

No makeup classes available

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

(Required – please print clearly)

CHILD NAME: _____

CHILD AGE: _____ CHILD BIRTHDATE: _____

Please list the class that your child is enrolling in:

Class Description	Age Group	Class Time	Monthly Fees	
			1 day per week	2 days per week
Special needs classes Aerial Angels (30 minutes)	4 and up	Thurs. 3 PM	\$30	
Recreational gymnastics Mommy and Me (45 minutes)	Birth - 3 yr. olds	Mon. 9 AM Wed. 4:30 PM	\$40	\$60
Preschool (45 minutes)	3 - 4 yr. olds	Mon. 10 AM & 4:30 PM Tues. 9 AM & 5:30 PM Thurs. 5:30 PM	\$50	\$70
Girls Mini Mite (1 hour)	4 - 5 yr. olds	Mon. 5:15 – 6 PM (45 min.) Tues. 10 AM, 3:30 & 4:30 PM Wed. 2 PM	\$60	\$80
Girls K - 2nd Grade (1 hour)	5 - 7 yr. olds	Mon. & Wed. 6 PM Tues. & Thurs. 3:30 & 4:30	\$60	\$80
Girls 3rd - 5th Grade (1 hour)	8 - 10 yr. olds	Tues. & Thurs. 6:15 PM	\$60	\$80
Girls 6th - 9th Grade (1 hour)	11 - 14 yr. olds	Tues. & Thurs. 3:30 & 4:30	\$60	\$80
Boys Mini Mite (1 hour)	4 - 6 yr. olds	Mon. & Wed. 4 PM	\$60	\$80
Boys Beginner (1 hour)	5 - 14 yr. olds	Mon. & Wed. 4:30 PM	\$60	\$80
Boys Intermediate (1 hour)	5 - 14 yr. olds	Tues. & Thurs. 4:30 PM	\$60	\$80
Recreational cheer/tumbling classes Beginner Tumbling	5 – 9 yr. olds	Mon. & Wed. 5:15 - 6PM	\$50	\$75
Intermediate Tumbling	10 to 14 yr. olds	Mon. –Thur. 7:00 - 7:45 PM	\$50	\$75
Advanced Tumbling	10 to 14 yr. olds	Mon. – Thur. 7:45 - 8:30 PM	\$50	\$75

LEGACY GYMNASTICS LIABILITY RELEASE FORM

Legacy Gymnastics · 188 Chandalar Place Drive · Pelham, Alabama 35124

Gymnastics, by nature, is a high risk sport. As with any activity that requires the total use of the human body, motor control, strength and balance, injuries may occur.

Legacy Gymnastics has at all time the latest and top of the line equipment. Equipment is constantly checked for safety, wear and tear, loose parts and condition and depth of matting.

Legacy Gymnastics also has a highly trained staff that is consistently trained by the director. Every member of the Legacy staff receives safety training as well as training in proper spotting.

The director of Legacy Gymnastics is a professional of 18 years in the sport of gymnastics. Her training and certifications are above the standards required by the national association. The director is nationally safety certified and trains her staff in safety management.

The director holds a Bachelors Degree in the field of adolescent and youth development and has worked with children for 10 years. She also has many years of leadership, organizational and educational experience.

Therefore, Legacy Gymnastics is not responsible for and can not be held liable for injuries that occur at or on this property while under supervision.

Student name(s): _____

Responsible party signature: _____

Signing date: _____

LEGACY GYMNASTICS PARENT/LEGAL GUARDIAN MEDIA CONSENT FORM

I hereby consent to the use of my child's name, likeness, voice and biographical material by Legacy Gymnastics (located at 188 Chandalar Place Drive, Pelham Alabama) and those acting on its behalf (its Agents) for the purpose of advertising or publicizing events, activities, facilities and programs of Legacy Gymnastics in newspapers, newsletters, websites, emails and other publications, television, radio and other communications and advertising media.

I also hereby release Legacy Gymnastics and its Agents from any and all liability from such use and publication.

I also hereby grant to Legacy Gymnastics and its Agents the right to reproduce, sell, copyright, exhibit, broadcast, electronically store and/or distribute any photographs, film, video, electronic representations and/or sound recordings (Media) that I provide to Legacy Gymnastics and its Agents.

I also hereby certify that I am the rightful copyright owner of any and all Media that I provide to Legacy Gymnastics and its Agents and, as such, have the legal authority to grant the rights, releases and indemnities herein.

I also specifically waive all rights to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Effective Date: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Parent or Guardian if above person is under 18:

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

LEGACY GYMNASTICS CHILD EVALUATION FORM

CHILD'S NAME: _____

AGE: _____

DATE OF BIRTH: _____

BRIEFLY DESCRIBE
YOUR CHILD:
*(Personality, moods,
communication skills,
physical ability:*

ANY POSSIBLE
LEARNING
DISABILITIES OR
IMPAIRMENTS?

ANY PHYSICAL
LIMITATIONS?

ANY MEDICATIONS
THAT MAY AFFECT
BEHAVIOR?

ANY HOME
ENVIRON-MENT
SITUATION THAT
MAY AFFECT YOUR
CHILD'S LEARNING?

ANYTHING ELSE WE
SHOULD KNOW?

LEGACY GYMNASTICS GYMNAST PROFILE FORM

GYMNAST'S NAME: _____

AGE: _____ DATE OF BIRTH: _____

ATTENDING SCHOOL: _____ AVERAGE ACADEMIC GRADES: _____

SIBLINGS: _____
(Please include name and age)

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ MOM WORK: _____ DAD WORK: _____

EMAIL: _____

PARENT(S) NAME: _____ OCCUPATION: _____

PARENT(S) NAME AS IT SHOULD APPEAR ON THE ROSTER: _____

SHOULD ANOTHER PARENT NOT LISTED ABOVE RECEIVE MAILING/TEAM INFORMATION? NAME: _____ ADDRESS: _____ ZIP: _____

What do you expect of Legacy Gymnastics? _____

What do you expect of the Legacy Gymnastics coaches? _____

What should the Legacy coaches expect of your child? _____

What are your goals for this upcoming season? _____

How do you presently feel about the Legacy competitive program? _____