

COLORADO WEST GYMNASTICS, LLC – REGISTRATION FORM



573 W. Crete Circle #202
Grand Junction, CO
970-241-2265

PARENT INFORMATION:

Mother's First & Last Name (if Different)

Father's First & Last Name

Home Address

City

State

Zip

Mother's Home Phone

Mother's Cell

Mother's Occupation

Father's Home Phone

Father's Cell

Father's Occupation

Emergency Contact

Phone Number

Primary Email

How did you hear about us?

ATHLETE(S) INFORMATION:

First Name	Last Name	Date of Birth	Age	M/F

Do/Does any of the above athlete(s) have any physical or allergic conditions that could affect his/her participation? If yes, please explain: _____

*Medical Information may be shared with coaches.

FINAL POLICIES:

- Session Length: Colorado West offers four-week sessions.
- Tuition: Tuition is due in full the first week of each session.
- Registration Fee: A \$25 one-time fee is collected upon signing up in our program. This fee is non-refundable and non-transferable. This never expires.
- Late Fee: If payment is not received in full by the second week of the session, a late fee of \$15 will be assessed to your account.
- Automatic Re-enrollment: Students will be automatically re-enrolled in the next session, unless you tell us otherwise.
- Return Check Fee: A \$25 charge will be assessed to your account for all returned checks.
- Make-up Policy: Athletes are allowed 1 make-up class per session. Make-ups are scheduled during Open Gym on Friday from 7:00pm to 8:00pm. Colorado West Gymnastics does not offer a credit or refund for missed classes.
- Injury: Will be handled on a case by case basis.

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PHOTOGRAPHY FOR PROMOTIONAL MATERIALS:

Photographs of athletes may be used on the Colorado West Gymnastics website, social media and/or promotional materials. The purpose of this form is to state that the gymnast being photographed or videoed has given his or her consent (Parent or Guardian for under 18) to be photographed or videoed by Colorado West Gymnastics and its representatives including coaches, assistants, parents of, and gymnasts involved in the activities of the gym. This notice further grants permission to use the images or videos for commercial purposes within the confines of Colorado West Gymnastics advertisements, promotions, and web presence at www.coloradowestgymnastics.com, Facebook, Instagram, etc. Photos and videos will be used in a tactful manner. We are concerned with the safety and privacy of our gymnasts, so extra care will be taken to ensure that any images used will be tasteful and appropriate.

LIABILITY:

Colorado West Gymnastics would like to educate our athletes and parents about the inherent risks and hazards associated with the activities offered inside our facility. The risks may include, but are not limited to, acute or long-term injury, paralysis, or death. By enrolling your athlete at Colorado West Gymnastics, you are voluntarily assuming the risks involved. We ask that parents educate their athlete(s) about the possibility of injury within the facility and encourage them to follow all safety rules and coaching instruction. Our highly trained staff is diligent about preaching safety in the facility through verbal communication as well as posted safety messages. Our primary source of safety is teaching skills in progression.

PLEASE INITIAL ALL SECTIONS BELOW INDICATING YOU HAVE READ & AGREE:

**** Colorado West Gymnastics and CWG are one in the same.**

_____ Financial – I have read and agree to CWG's Financial Policies.

_____ General Policies – I have received a copy and agree to CWG's General Policies.

_____ Safety – I agree to adequately educate athlete(s) about the dangers that exist within the facility of CWG.

_____ Consent to Treat Injured Athlete – I authorize CWG to treat my athlete medically should an accident occur in my absence. I understand that CWG will make every attempt to contact me and my emergency contact prior to administering any treatment. However, if we cannot be reached, I authorize the staff to contact EMS if my child has a life or limb threatening injury.

_____ Insurance – I affirm that I currently subscribe to adequate health insurance of my athlete. In addition, I agree to provide adequate health insurance for him/her for the time that he/she attends CWG and that the athlete's insurance will be the only insurance used in case of an injury.

_____ Assumption of Risk – I accept the inherent risks of the activities provided at CWG.

_____ Waiver & Release – I am fully informed of the risks associated with the activities that are offered at CWG. I understand that the risk may include, but are not limited to, acute or long-term injury, paralysis or death. In addition, I agree to release and hold harmless CWG, its employees, and all other concerned, and to indemnify them against loss.

_____ Hold Harmless – After mindfully considering the above names risks associated with participation at CWG, I hereby agree to assume the responsibility of such risk for each student. Further, I agree to release and hold harmless CWG, its employees and all others concerned, and to indemnify them against loss.

Signature of Parent/Guardian

Date