

HABERSHAM COUNTY GYMNASTICS REGISTRATION FORM

Participants Information:

First *Middle* *Last* Name Child Goes By

Male ☐ Female ☐ Birthdate: _____ Age: _____

Primary Residence Address: _____
Street *City* *Zip Code*

☐ Please check if mailing address is the same as Primary Residence Address

Mailing Address: _____
Street *City* *Zip Code*

Father's Name: _____

Cell Phone: _____

Email: _____

Mother's Name: _____

Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Contact 1: _____

Phone #: _____

Work #: _____

Preferred Hospital: _____

Doctor Name: _____ Doctor Contact Info: _____

Contact 2: _____

Phone #: _____

Work #: _____

Are there any **MEDICAL PROBLEMS** we need to be aware of? _____

If **YES**, please explain: _____

INSURANCE is required for the participant in case of an accident

Do you have **INSURANCE** for this participant? **YES** _____ **NO** _____

I/We give consent for photographs of my child to be taken and may appear in print, on the county website, or Facebook for the sole purpose of promoting gymnastics activities.

Initial Here: _____

I/We have signed the attached Parent Code of Ethics and thrive to provide a fun and safe environment for not only my child, but all participants, so they may have an enjoyable experience.

Initial Here: _____

Signature of Parent/Legal Guardian

Date

HABERSHAM COUNTY GYMNASTICS PARENT CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child, and others, participating in gymnastics by following this Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support of all gymnast, coaches, and officials at every meet, practice, or other gymnastic event.

I will place the emotional and physical wellbeing of my child ahead of any **personal desire to win.**

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug, tobacco, and alcohol-free sports environment for my child and agree to assist by refraining from using banned substances at all youth sports events. I am aware that smoking is not allowed on County property.

I will remember that the sport of Gymnastics is for my child's benefit, not mine as the parent, and do my very best to make their sport fun for my child and others. I will maintain positive relationships with other parents and coaches and address any issues that arise with only the Gymnastic Director.

I will ask my child to treat other gymnasts, coaches, and officials with respect regardless of race, sex, creed, or ability.

I will not use offensive language, or have an offensive tone, during gymnastics activities.

Immediate removal or suspension will apply.

I will not approach a coach, an official, a Habersham County Gymnastics staff member, or any other parent or participant in a threatening manner in attempt to intimidate. **Immediate removal or suspension will apply.**

I understand that violation of any of the above codes of conduct, and any actions that Gymnastic staff deems inappropriate, unsportsmanlike and/or disrespectful, will result in my removal, as well as my child's removal, due to my behavior.

I also understand my child's Code of Ethics.

Parent/Guardian signing below is responsible for notifying and informing all other accompanying members to events of the Habersham County Gymnastics Code of Ethics.

Signature of Parent/Legal Guardian

Date

HABERSHAM COUNTY GYMNASTICS WAIVER

DISCLAIMER: HABERSHAM COUNTY RECREATION DEPARTMENT AND STAFF IS NOT RESPONSIBLE FOR ANY INJURY, OR LOSS OF PROPERTY, TO ANY PERSON WHILE PRACTICING, TRAINING, COMPETING, TAKING CLASS, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS, EXHIBITIONS OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS OR TUMBLING AT HABERSHAM COUNTY RECREATION DEPARTMENT FOR ANY REASON WHAT SO EVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF GYMNASTICS, OFFICERS, AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Habersham County Recreation Department or any of their employees, teachers, coaches or agents from any and all present or future claims resulting from ordinary negligence from Habersham County Recreation Department or others listed for property damage, personal injury, or wrongful death, as a result of my engaging in or receiving instruction in gymnastics or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by family, my estate, heirs, assigns or me.

Further, I am aware that gymnastics and tumbling is a vigorous sporting activity involving height and rotation in a unique environment and as such, they pose a risk of injury. I understand that gymnastics and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that the mats and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control of their actions or knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Habersham County Recreation Department, and all other listed for any and all claims arising as a result of my engaging in or receiving instruction from the staff of Habersham County Recreation Department activities or any activities incidental there to, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of Georgia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies, which may be available to me for the ordinary negligence from Habersham County Recreation Department, or any person listed above.

Participant Name _____

Parent/Guardian (Print) _____ **Phone** _____

Signature _____ **Date** _____

Session: July (4 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: August (4 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: September-October (5 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: October-November (5 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: December-January (6 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: February (5 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: March (4 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: April-May (6 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____

Session: June (4 weeks)

Class	Day	Time

Staff_____ Amount Paid_____ Payment Type_____ Check Number _____