

**REGISTRATION
FOR OASIS GYMNASTICS & SPORTS CENTER**

FAMILY INFORMATION

Student #1	_____	_____	_____	_____	____/____/____	_____
	First	Last	Sex	Age	Date of Birth	Special needs / Previous Injuries
Student #2	_____	_____	_____	_____	____/____/____	_____
	First	Last	Sex	Age	Date of Birth	Special needs/ Previous Injuries
Student #3	_____	_____	_____	_____	____/____/____	_____
	First	Last	Sex	Age	Date of Birth	Special needs / Previous Injuries

Mother's Name: _____

Home Phone: () _____

Cell Phone () _____

Occupation: _____ Work Phone () _____

Email _____

Father's Name: _____

Home Phone: () _____

Cell Phone () _____

Occupation: _____ Work Phone () _____

Email _____

HOME ADDRESS

_____ Street _____ City _____ State _____ Zip _____

Emergency Contact (name & phone number) _____

How did you learn about Oasis Gymnastics? (If word of mouth, from whom) _____

**CLASS INFORMATION
STUDENT #1**

1ST CLASS
DAY: _____ TIME: _____

CLASS NAME: _____

2nd CLASS
DAY: _____ TIME: _____

CLASS NAME: _____

**CLASS INFORMATION
STUDENT #2**

1ST CLASS
DAY: _____ TIME: _____

CLASS NAME: _____

2nd CLASS
DAY: _____ TIME: _____

CLASS: _____

**CLASS INFORMATION
STUDENT #3**

1ST CLASS
DAY: _____ TIME: _____

CLASS NAME: _____

2nd CLASS
DAY: _____ TIME: _____

CLASS NAME: _____

PAYMENT INFORMATION

Annual Registration Fee is **Non-Refundable**

Annual Registration Fee:.....\$ _____

Tuition:.....\$ _____ - _____ (Discounts?)

Payment: (Circle One) Cash / Check / Credit Card.....\$ _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. I am also aware that participation in day camps involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Oasis Gymnastics and Sports Center, Inc.'s programs, camps, and activities and I **ACCEPT ALL RISKS** associated with that participation. As a part of taking class at Oasis Gymnastics & Sports Center my child's picture may be taken and used on the Oasis Gymnastics website or on a poster within the lobby.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Oasis Gymnastics and Sports Center, Inc its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for the care and protection of my child while participation in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement. I have also read and received the **PARENT AND STUDENT GUIDELINES**.

_____ **Parent or Legal Guardian's Signature** _____ **Date** _____ **over**

RULES AND POLICIES

Oasis Gymnastics and Sports Center has established the following guidelines in the interest of SAFETY and to allow each student to reach his/her partial potential while in our programs. Parents, please be sure your children understand these guidelines.

- We have a large viewing area for parents, siblings and visitors. Parent viewing area is at the front of the gym **ONLY**. For safety reasons, please **DO NOT ENTER THE GYM AREA**. We realize the restrooms are located in the back; therefore, please stay on the tile walkway when going to and from the restrooms. Please refrain from entering the carpeted gym area when you visit the restrooms. Please supervise all children who are not in class, do not allow them to jump, climb or run around the lobby.
- Parents should not talk to, "coach", or in any way distract a student's or instructor's attention while class is in session. This is disruptive and a safety factor. Please also refrain from "coaching" your child's gymnastics when they are in class.
- **Late Arrival:** Any student arriving more than 10 minutes after a class has begun will not be allowed to participate. Proper warm-up, avoiding disruption to the class and ensuring safety are important
- **Make-Up Policy:** 2 make-ups per term will be allowed. Make-ups must be made within the same session, and scheduled ahead of time at the front desk. No make-ups allowed during open gym. Only one make-up re-schedule is allowed, and advance notice is required. **Initial _____**
- **Behavior:** Our instructors will handle any discipline problems or injury that may occur during class. If you are needed, we will call upon you, students exhibiting disruptive behavior may be given a "Time Out". If behavior continues, the child may be dismissed from the class.
- **Dress Code:** All children must be appropriately dressed for class to participate. Personal Hygiene is important. Please have clean hands, feet, face, and hair when you come to class. Please use deodorant if appropriate.
 - Gymnasts:** Girls must have their hair tied back off her face, leotard, or sport shorts with fitted shirts that can be tucked in. Boys can wear sport shorts and fitted shirts that can be tucked in.
During the winter sweatshirts and sweatpants are allowed provided they do not hinder the student's performance. No shoes, socks, jewelry, jeans, zippers, belts, and pants with snaps are to be worn.
 - Dancers:** **Ballet:** All students are required to wear a black leotard, pink tights, and ballet shoes.
Jazz, Tap & Hip Hop: Black jazz pants are permitted or leotard and tights. Tap or jazz shoes.
Pom: Sport shorts and a fitted shirt that can be tucked in and white soled athletic sneakers
 - Dancers' Hair :** All dancers must have their hair tied back off face (ballet dancers must have hair in a bun)
- **Private Lessons:** All private lessons must be paid for prior to the start of a lesson. Students must pick up a Blue Slip to give to their coach upon entering the gym.
- **Cubbies:** All shoes and belongings must be placed in cubbies prior to entering a class.
- Students exhibiting disruptive or rude behavior may be given a brief "time out" if verbal warnings have failed. If such behaviors continue, parents may be asked to remove a student from class for that day. For repeated behavior problems, a student may be asked to leave the Oasis program for a specified or undefined period of time.
- **Late Fee Policy:** A \$10.00 late fee will be added to all tuition not paid for by the 2nd week of each term. If tuition is not paid by the Term beginning date, child's class enrollment will be dropped, and will need to re-enroll when payment is made. **Initial _____**
- **Returned Checks:** A \$25.00 fee will be charged for any returned checks.
- **Food, Drinks & Gum:** are not permitted in the gym. Water and sports drinks in a sealed container with a cap are allowed.

By signing this I acknowledge that I have read and understood the above stated policies.

Parent's signature

Print Name Please