

OWEGO GYMNASTICS AND ACTIVITY CENTER

S.T.A.R.S. REGISTRATION/COMMITMENT FORM

Please put only one child on this form. If you are registering more than one child, please copy this form as needed. **The Registration fee must be included with form for the child to be registered.**

MAIL TO: Owego Gymnastics
748 State Route 38-Owego, NY 13827
Phone: (607) 687-2458



Email: owegogymnastics@stny.rr.com (Jana)
Email: owegogymnastics@gmail.com (Kathy)
Web: OwegoGymnastics.com

NAME OF STUDENT: Last _____ First _____ BIRTHDATE: _____

(circle your class) **Twinkling** **Rising** **Shining**

MAILING ADDRESS _____ HOME PHONE: (____) _____

CITY, STATE, ZIP _____ COUNTY _____

FATHER'S NAME: _____ FATHER'S WORK/CELL PHONE: (____) _____

FATHER'S PLACE OF EMPLOYEMENT _____

MOTHER'S NAME: _____ MOTHER'S WORK/CELL PHONE: (____) _____

MOTHER'S PLACE OF EMPLOYEMENT _____

E-MAIL ADDRESS _____ (used for S.T.A.R.S. correspondence)

In case of emergency, please contact: **(This should be someone other than Mom or Dad.)**

NAME: _____ PHONE: (____) _____

Does your child(ren) have any medical or physical conditions, restrictions, or allergies that we should be aware of? **YES** or **NO** **(if yes please explain on back)**

LEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, _____, parent of _____, hereby give permission for said son/daughter to participate in the S.T.A.R.S. Program of Owego Gymnastics and Activity Center. I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of emergency. I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors.

As a member of the S.T.A.R.S. program I understand that my child will be attending classes at the scheduled times as listed on the schedule for my assigned class. I understand that I am required to have a leotard/shorts for the class as designated by the Director. Payment is due monthly, make-ups will be allowed during designated monthly make-up times only. You are responsible for your monthly fees as long as you are in the S.T.A.R.S. Program even if you are out of the gym. If you choose to leave the S.T.A.R.S. Program at any point in time, you may not automatically be able to return to the S.T.A.R.S. Program. There will be no refunds except for prolonged injuries or illness and those will be done on a case-by-case basis. I intend this statement to take effect as a sealed instrument.

Parent's Signature: _____

Date: _____

Child's Signature: _____

Date: _____

Parents Release Form Media Recording I grant permission to Owego Gymnastics and Activity Center to use the image of my child, _____, in materials that include, but may not be limited, to brochures and newsletters. **Yes/No**

Parent/guardian signature _____

Date _____

I would be willing to help in the following ways: (approximately 1-3 hours a month)

_____ Serve on the Board of Directors _____ Help w/Fund Raisers _____ Serve on a Committee _____ Other

**SUPPORT OWEGO GYMNASTICS AND ACTIVITY CENTER - WE ARE A NOT-FOR-PROFIT ORGANIZATION
FUNDED PARTIALLY BY THE TIOGA UNITED WAY**