

# OWEGO GYMNASTICS AND ACTIVITY CENTER S.T.A.R.S. REGISTRATION FORM September 2022 – August 2023

You must have completed this **NEW registration form** to participate in classes at Owego Gymnastics and Activity Center  
(YOU MUST SIGN THE WAIVER)..

Registration fee of \$60 (includes entire family)

MAIL TO: Owego Gymnastics & Activity Center 748 State Route 38 Owego, NY 13827 or Email: [owegogymnastics@gmail.com](mailto:owegogymnastics@gmail.com).

Please mail or email to us before you begin at the Center. You must have submitted new form to attend classes at the Center.

MAIL TO: Owego Gymnastics  
748 State Route 38  
Owego, NY 13827



OwegoGymnastics.com  
(607) 687-2458  
Email: [owegogymnastics@gmail.com](mailto:owegogymnastics@gmail.com)

NAME OF STUDENT: Last \_\_\_\_\_ First \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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

CHILD'S MAILING ADDRESS: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

GUARDIAN 1 NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GUARDIAN 2 NAME \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS(S) \_\_\_\_\_

(used for S.T.A.R.S. correspondence, billing and Center info)

In case of emergency, please contact: (This should be someone other than Guardians)

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

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

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT INCLUDING COVID-19

I, \_\_\_\_\_, parent /guardian of \_\_\_\_\_, hereby give permission for said son/daughter to participate in classes at 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.

An inherent risk of exposure to Infectious diseases (example COVID-19) exists in any public place where people are present. By entering Owego Gymnastics & Activity Center, you voluntarily assume all risks related to exposure to an infectious disease

I am aware that while gymnastics involves incidental contact with other children and staff. OGAC programs are operating under current CDC recommendations. In addition, our staff will physically assist/spot when they believe that this would improve safety, and will also provide assistance in the event of an injury. I understand and agree that physical assistance/spotting will be a part of the process at OGAC and I agree to permit the OGAC staff to physically assist my child whenever they believe this assistance is needed.

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 agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and have read and agree to follow the Parent/Guardian Responsibilities. I intend this statement to take effect as a sealed instrument.

### Guardian'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, newsletters, online streaming etc .

Yes/No    Failure to circle is an automatic YES.

Help with: \_\_\_ Fundraisers    \_\_\_ Board of Directors    \_\_\_ Maintenance    \_\_\_ Cleaning    \_\_\_ Other