

OWEGO GYMNASTICS AND ACTIVITY CENTER

2022-2023 TEAM REGISTRATION

Please put only one child on this form. If you are registering more than one child, please copy this form as needed. YOU MUST MAIL OR E-MAIL THIS FORM TO THE CENTER BEFORE YOU WILL BE ALLOWED BACK TO THE CENTER.
Annual Registration Fee required (good for the entire family from September 2021 – August 2022)

MAIL TO: Owego Gymnastics - 748 State Route 38 - Owego, NY 13827 or E-MAIL TO OwegoGymnastics@stny.rr.com
(Kathy) billing questions owegogymnastics@gmail.com WEB: OwegoGymnastics.com

NAME OF TEAM MEMBER: _____ BIRTHDATE: _____
Last _____ First _____

MAILING ADDRESS _____ COUNTY _____

HOME PHONE: _____ GENDER: MALE FEMALE

(circle your level) Level 2 Level 3 Level 4 Level 5 Level 6-9 XCEL

GUARDIAN 1 NAME: _____ PHONE: _____

ADDRESS: _____

GUARDIAN 2 NAME: _____ PHONE: _____

E-MAIL ADDRESS(S) used for billing and correspondence _____

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

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 the back of this sheet.

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 Team 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 at the current CDC recommendation. 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 Team 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 Team Program even if you are out of the gym (ex. Vacations, other sports etc)**

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.

Gaurdian's
Signature: _____ **Date:** _____

Child's
Signature: _____ **Date:** _____

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