



STUDENT INFORMATION & WAIVER FORM
OHG Austin

2122 Green Meadows Ln Buda, TX 78610
 800-906-FLIP

Student: _____ Age: _____ Sex: _____ D.O.B. ___/___/___

Student: _____ Age: _____ Sex: _____ D.O.B. ___/___/___

Student: _____ Age: _____ Sex: _____ D.O.B. ___/___/___

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Phone Numbers:

Home: _____ Mother's Cell : _____

Mother's Work: _____ Father's Cell: _____

Father's Work: _____ Emergency : _____

How did you hear about us? _____

<i>For Office Use Only:</i> Registration Dates: ___/___/___ Cash/Check/Credit Card _____ Monthly: Fee: _____ Registration Fee: _____ Total: _____ Class: _____ Day: _____ Time: _____ Coach: _____ Class: _____ Day: _____ Time: _____ Coach: _____	CP
	PAY
	RB
	PB

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Signature of parent or legal guardian: _____

Child's Physician: _____ Phone #: _____

Any known medical problems: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if necessary. OHG Austin Gymnastics and staff cannot be held liable for injuries that occur on gym premises or other wise in the care of OHG Austin personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my child while at OHG Austin and hereby agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program.

I have read and agree to abide with all the guidelines.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____



Policies and Procedures
OHG Austin

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1. Monthly Tuition Rates: One class every week is \$80.00 per month. (\$75 for siblings)
 Two classes each week is \$145.00 per month. (\$135.00 for siblings)
 Three classes each week is \$185.00 per month. (\$170.00 for siblings)
2. Yearly registration fee: \$45.00 per child due in September (NON REFUNDABLE)
3. Class info:
 3-4 years: 50 minutes Ratio 5 to 1
 4-5 years: 50 minutes Ratio 6 to 1
 6+ years: 55 minutes Ratio 8 to 1
4. For safety reasons, please try to arrive to class on time. Students arriving for preschool classes 10 minutes late and all other classes 15 minutes late will not be allowed to enter class.
5. No refunds will be given for any missed classes.
6. Students will be allowed to make up one class per month. Please see the office to schedule a make up time.
7. Tuition is not prorated for holiday closings or missed classes, but we do encourage you to make up missed classes. Please refer to the website for a current calendar of closings.
8. Office hours are Monday-Friday 9:00 a.m.-6:30 p.m. and Saturday 9:00 a.m. – 12:00 p.m..
9. Tuition is due by the 1st of the month. Set up Autopay to charge your card on the 5th and get a 10% discount each month per class. You can still get the early bird discount of 10% per class by paying tuition by the 10th each month, even without Autopay.
10. Classes continue on year round schedule. Please give a 30 day notice if your child will be discontinuing classes.
11. Rules for classes:
 - a) No jewelry (exception stud earrings)
 - b) No gum, food, or drinks allowed in the gym.
 - c) Hair needs to be pulled back away from the face.
 - d) Remove shoes before entering the gym.
 - e) Attire:
 - leotard
 - shorts & t-shirt (no buckles or zippers & shirts tucked in)
 - f) Students must have a coach present in order to work on the equipment.
 - g) Parents and children not attending class should remain in the lobby.
 - h) No “heelies” (no shoes with wheels)
 - i) No electronic devices
 - j) No children unsupervised
12. OHG Austin uses photos of students, staff and visitors in promotional material including on its website. If you do NOT want your child’s face to appear, initial here _____ and we will make all reasonable attempts to avoid using your child’s photos or to blur her/his face in photos.

I have read and am aware of all policies and procedures listed above.

Signature: _____ Date: ____/____/____