

# CAPITOL CITY ATHLETICS

1850 MANOR HILL RD – FINDLAY, OH 45840

## PRIVATE LESSONS

★ **Account Email/Login** (must provide a valid email address)

\_\_\_\_\_

★ **Account Owner's Name** \_\_\_\_\_

★ **Relation to Athlete** \_\_\_\_\_

★ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

★ **Emergency Contact:** \_\_\_\_\_

★ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

★ **Athlete's Name** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

★ **Any allergies or medical conditions to which we should be alerted?** No \_\_\_ Yes \_\_\_

★ **If yes, please explain:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_



**Permission to Treat (Optional):** I hereby give my permission to trained medical professionals to administer emergency treatment to my child, should sickness or accident occur in my absence, in the event that I the parent/legal guardian cannot be reached.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Permission to use your child's photo for publicity, newspaper, internet, or any other form of advertising for Capitol City Athletics (Optional):** I hereby give my permission to Capitol City Athletics to utilize my child's photo, competitive statistics, personal team profile, and any other information that pertains to their performance while registered at Capitol City Athletics and will not hold Capitol City Athletics liable if the information is used for any deceitful act of personal degradation, etc.

\_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE CIRCLE YOUR ATHLETES CLASS:**

**INVITE ONLY CLASSES:**

*Competitive Gymnastics      Competitive Cheerleading      Pre-Team      Training Team      HOTS*

**RECREATIONAL GYMNASTICS – AGES 6 & UP:**

*Level 2 Advanced      Level 2      Level 1*

**RECREATIONAL PRESCHOOL GYMNASTICS – AGES 18 MONTHS – AGE 6:**

*Tumble Bears 2      Tumble Bears      Tumble Cubs      Cubbies*

**TUMBLING CLASSES:**

*MS Tumble      HS Tumble      Back Handspring      Adv. Tumbling      Intermed. Tumbling      Beg. Tumbling      Back Tuck*

**BOYS CLASSES:**

*Ninja Class - Ages 3-4      Ninja Class – Ages 5-6      Ninja Class - Ages 7 & UP*

**EXTRA EVENTS:**

*Privates      Open Gym      "Fun Night Out"      Daytime Open Gym      Clinics      Birthday Parties*

**Class Day:** \_\_\_\_\_ **Class Time:** \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in a Capitol City Athletics-Findlay and to the use of all facilities at Capitol City Athletics-Findlay. I recognize that potentially catastrophic injuries, including sprains, strains, broken bones, permanent paralysis or death can occur in any activity involving height, motion, which includes gymnastics, recreational playing, "trampoline", swimming, dance, stunting, cheer, clinics, open gyms, or any other activity that Capitol City Athletics-Findlay provides, along with other damages and losses associated with participation in the program or activities. **I understand and accept the risk.**

In consideration for and allowing my child to use the Capitol City Athletics-Findlay facility, equipment or any rented facility or equipment, I hereby forever release the Capitol City Athletics-Findlay, it's owners, employees, teachers and coaches, from any and all liability for any present and/or future damages and injuries suffered by my child while on Capitol City Athletics-Findlay property and/or while under the instruction, supervision or control of any of the aforementioned individuals, including participation at team events.

As parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child or self as a result of any injury, sustained at Capitol City Athletics-Findlay or while training, playing, swimming or performing for Capitol City Athletics-Findlay. Also, as a parent or legal guardian of the aforementioned person, I am also aware that I can also place myself at risk of injury by participating in gym activities, and/or moving around in the gym with its equipment and possible uneven surfaces. This applies to the gym, utilizing the equipment in the training area or pool. I agree to not put myself at risk by placing myself in the aforementioned area. Therefore, I agree to accept the risk and waive the option to sue Capitol City Athletics- Findlay, Bateson Investments, LLC, Bateson Investments II, LLC, owners, employees or any staff member, if I should incur an injury. **NO PARENT OR SPECTATOR IS ALLOWED ON THE EQUIPMENT.**

I also understand the payment policies: yearly, monthly (Team & Pre-Team Gymnastics & Cheerleading), Session (Recreational) weekly, daily or hourly fees, and agree to make prompt payment. On the 11<sup>th</sup> of the month a \$10.00 late fee is automatically applied to all competitive accounts. A \$10.00 late fee is applied after week two of recreational sessions. If billing is required, a 10% charge is applied to the balance each month, as well as, any expense Capitol City Athletics-Findlay incurs to collect any unpaid fees. Fees 60 days past due will result in loss immediate dismissal until fees are current. I also realize that this registration fee is non-refundable.

This acknowledgement of risk and waiver of liability, and promise to pay, having been read thoroughly and also completely understanding the Rules & Regulations policies, is signed voluntarily as to its content and intent.

**Recreational Yearly Registration Fee: \$30.00**

**Yearly Competitive Registration Fee: \$50.00**

\_\_\_\_\_  
**Parent Name or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Amount Paid**

\_\_\_\_\_  
**Date Paid**

\_\_\_\_\_  
**Expiration Date**