



Above the Bar Gymnastics Academy

Building Champions in Life!

Last Name: _____

Trail Class & Date: _____

Enrolled Class & Date: _____

FOR STAFF USE ONLY

Member Registration Form

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Parent/Guardian Name(s): _____

Home Address: _____ City _____ Zip _____

Phone Number(s): _____

E-mail address(es): _____ **We primarily communicate by e-mail.**

Emergency Contacts – Who should we call in case of an emergency? (Parent/Guardian listed above will be called first.)

1st Emergency Contact Name: _____ Relationship: _____

Phone Number(s): _____

2nd Emergency Contact Name: _____ Relationship: _____

Phone Number(s): _____

(Optional) Authorized Alternate Pickup – Provide full name of specific people who you authorize to pick up your child(ren) from Above the Bar Gym.

Full Name: _____ Phone # _____ Relationship: _____

Full Name: _____ Phone # _____ Relationship: _____

**Please advise your Emergency Contacts & Authorized Alternate Pickups to add our phone numbers to their contact list.
Above the Bar Gymnastics (Columbia Memorial) 832.932.1466 & 281.535.2244**

Describe any conditions relevant to gymnastics program activities and how they are being managed (e.g., asthma, environmental or food allergies, disabilities, previous injuries, ADD, ADHD etc.). All information will be held in confidence with ATBGA staff, only.

Above the Bar Gymnastics Academy is a licensing-exempted skills program. We are not a State licensed child care facility.

PLEASE COMPLETE & SIGN PAGE 2

CONSENT TO PARTICIPATION

I, the minor's parent/legal guardian or participant age 18 yrs or older, understand that participation in gymnastics programs and activities involve risks of serious bodily injury, including permanent disability, paralysis and death. Assumption of risk is the responsibility of participants and their parents/guardians. I affirm that I am/my child is qualified in good health, and in proper physical condition to participate in such Program. I acknowledge that if I believe event conditions are unsafe, I/my child will immediately discontinue participation in the Program. I fully understand that this Program involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my/my child's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" (Above the Bar Gymnastics Academy, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Program takes place) named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I/my child incur as a result of my participation in the Program. I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

 Name of Parent/Legal Guardian/Participant 18 + Signature Date: ____/____/____
 mm dd yyyy

CONSENT TO EMERGENCY CARE

I, the minor's parent/legal guardian or participant age 18 yrs or older, authorize Above the Bar Gymnastics Academy and its representatives and agents to take me/my child to a medical facility, if necessary, in the event of an emergency when I am unresponsive or cannot be reached. I give the medical facility permission to perform services they deem absolutely necessary.

 Name of Parent/Legal Guardian/Participant 18 + Signature Date: ____/____/____
 mm dd yyyy

How did you hear about us? Circle all that apply.

a. Referral – whom may we thank? _____

b. Drive by

c. Flyer – from where? _____

d. Website

e. Magazine Ad – name of magazine? _____

f. Birthday Party

g. Facebook

Above the Bar Gymnastics Academy is a licensing-exempted skills program. We are not a State licensed child care facility.

PLEASE COMPLETE & SIGN PAGE 3

Last Name: _____

Participant Name: _____

Participant Name: _____

Parent/Guardian Name(s): _____

E-Mail: _____

ENROLLMENT POLICIES & PROCEDURES

Please read and acknowledge our policies by initialing in the spaces provided. A copy of your signed form will be provided upon request or our policies are available on our website.

Initial	Class enrollment is month-to-month on a YEAR-ROUND basis (including summer) so your child is automatically enrolled each month until you provide written notice of withdrawal. Class withdrawal notice must be provided in writing by the 10th day of the last month of class. Last month tuition is not prorated. Request withdrawal form at the front desk or send e-mail to gymformation@abovethebargym.com .
Initial	Credit card auto pay is required. Payments are processed on the 1 st of each month. If you decline auto pay, 2 months tuition (1 st and last month) is due upon enrollment. Thereafter, tuition is due on the 1 st of each month. If an account is not on auto pay, a \$15 late fee will be assessed for tuition paid after the 5 th of each month.
Initial	Returned checks or declined credit cards (including Auto Pay) will be assessed a fee of \$30.
Initial	Make-up classes are allowed up to 2 per month. Make-ups must be scheduled through the front desk. No refunds for missed classes.
Initial	I grant consent for my/minor's picture to be taken or filmed while participating in classes at Above the Bar Gymnastics Academy to use and publish images, video and or film footage of me/minor in all forms of social media including Above the Bar website. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Above the Bar Gymnastics Academy from any claims I may have against it for use of such images, video and film footage of me. Any images/pictures/videos will not any have identifying names.
Initial	I acknowledge that I have received the Above the Bar Gymnastics Academy Policies and Procedures regarding tuition due date, auto pay, withdrawal notice, absences and make-up classes, and gym rules.

I understand if I have **an unpaid balance** to Above the Bar Gymnastics Academy, LLC, and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney's fees if so incurred during collection efforts. In order for Above the Bar Gymnastics Academy, LLC, or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Above the Bar Gymnastics Academy, LLC, and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

Print Name	Signature	Date
------------	-----------	------

CREDIT/DEBIT CARD FOR AUTO PAY

Card# _____ CVV: _____ Exp Date: _____ Billing Zip: _____

Cardholder Name: _____ Signature: _____ Date: _____



Above the Bar Gymnastics Academy

COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

I am conscious that my actions as a parent or legal guardian may impact the safety of others in the Above the Bar Gymnastics facility. Above the Bar is counting all the parents and athletes to help reduce COVID-19 transmission risks by meeting the physical-distancing and personal hygiene standards recommended by the CDC and the State of Texas.

Because of the restrictions applied on Above the Bar by the Texas Department of Health and our commitment to safety, parents must agree to follow the following guidelines:

1. Parents and athletes should wash their hands thoroughly before and after attending class. Hand sanitizer will be provided throughout the gym and waiting areas.
2. Only one parent per family may enter the gym with their athlete, no siblings allowed if they are not in class. If you exit the building you will not be allowed back in for the remainder of the practice. Parents are also welcomed to drop off and pick up. Our staff would be more than happy to help getting your child in and out of our facility safely.
3. All parents entering Above the Bar must wear a facemask.
4. All athletes are allowed one bag with necessary items. No loose items allowed. Athlete must take his/her bag home after class. I will sanitize all items in bag before bringing them to the gym.
5. The lobby and upstairs area will be open for viewing. We ask that you please keep appropriately 6 feet of distance from other parents.
6. Parents will follow the entering and exiting process to help avoid large groups coming in and out of our facility.
7. Please do not attend practice if you or your child, have traveled outside of the state in the past 15 days, or have come into contact with someone infected with the virus.

In consideration of being allowed to participate with Above the Bar Gymnastics Academy programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While the particular rules and personal discipline described above may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Above the Bar Gymnastics Academy their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I will do my part to help Above the Bar Gymnastics Academy reduce the risks of infectious disease transmission by being respectful of the gym's social-distancing policies, maintaining proper personal hygiene before and after class, and by supporting the coaches and staff as they work hard to provide a safe environment for all of our athletes and customers.

Parent Print Name

Parent Signature

Date