

CROSTUMBLERS
STUDENT INFORMATION

Student's Name: _____ Age: _____

Address: _____
Number / Street City State Zip

Home Phone: _____ Email: _____

Birthdate: _____ USAG #: _____

School Attending: _____ Grade: _____

Student's Previous Dance or Gymnastics Background: _____

How did you hear about Crosstumblers: _____

Mother's Name: _____

Address and Phone if different from above: _____

Mother's Employer: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Address and Phone if different from above: _____

Father's Employer: _____

Work Phone: _____ Cell Phone: _____

Are Any Other Siblings Enrolled in Classes (please list): _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please fill out the information below so that we may act quickly in the event of an accident.

Who to call if the parents cannot be reached:

Name / Relation: _____ Phone: () _____

Name / Relation: _____ Phone: () _____

Doctor's Name: _____ Phone: () _____

Medical Insurance Co.: _____ Policy #: _____

Any intolerance to drugs or medication (please list): _____

Any previous or current illness or injury the staff should be aware of: _____

If so, are there any restrictions (please list): _____

May Crosstumblers administer pain medication (e.g. Tylenol): _____ What Brand: _____ Initials: _____

Office Use Only:

Date Enrolled: _____ Class Day: _____ Class Time: _____ Level: _____

Crosstumblers

RELEASE AND INFORMED CONSENT FORM

Due to insurance regulations, every person entering the main facility must read the following waiver and sign as an acknowledgement that he/she understands the following agreements:

ADULTS OVER THE AGE OF 21 ARE NEVER ALLOWED ON THE EQUIPMENT

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of Crosstumblers from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Crosstumblers.

Signature: _____ Date: _____

I acknowledge that by participating in gym or dance activities, and/or my moving around the facility, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for which I am responsible for incur an injury. By waiving the option to sue, I also thereby release Crosstumblers and its agents or employees from liability for such injury.

Signature: _____ Date: _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minors account caused, or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if I despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any releasee named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature: _____ Date: _____

With the understanding that Crosstumblers Staff Members are not physicians or medical practitioners of any kind, I hereby release the staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary, to call our doctor and to seek medical help, including transportation by a Crosstumblers' staff member or their representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the staff deem this necessary.

Signature: _____ Date: _____

I, being parent/guardian of _____, hereby consent that his/her name, image, and likeness, as shown in the photographs, videotapes, motion picture film and/or electronic images in which he/she is posed, and /or audio recording made of his/her voice may be used by Crosstumblers, its assigns or successors, in whatever way they desire including television; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and the plates, tapes or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other such uses of such photographs, films recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand: _____
On this day _____.

CROSTUMBLERS MEDICAL HISTORY FORM

Students Name _____

USA Gymnastics recommends that a complete physical examination be administered before participating in any gymnastics program. Crosstumblers will not require this physical exam for entrance into the recreational program, however reserves the right to require this examination for any reason. Please complete the form below. It will be released to medical personnel if a situation which required medical treatment occurs.

YES NO

IMMUNIZATIONS

_____ _____ All immunizations current
_____ _____ Tetanus – Date of Last Booster:

GENERAL

_____ _____ Are you currently taking any medication? Please list:
_____ _____ Do you have any allergies to food and/or drugs? Please list:
_____ _____ Have you had any illnesses in the last two years? Please list:
_____ _____ Have you ever had any surgery? Please list:
_____ _____ Have you ever had problems with heat (stroke, exhaustion, etc.)
_____ _____ Do you have frequent nausea and/or vomiting?
_____ _____ Do you have hemophilia or a bleeding disorder?
_____ _____ Do you have diabetes?
_____ _____ Do you have anemia?
_____ _____ Have you been advised by a medical doctor not to participate in any athletic activity?
_____ _____ Do you have any missing body parts (eye, kidney, etc.)?

EYES

_____ _____ Do you have poor vision in either eye?
_____ _____ Do you wear glasses or contact lenses? Circle the appropriate response.
_____ _____ Do you have blurred vision?
_____ _____ Do you have double vision?

EARS, NOSE, AND THROAT

_____ _____ Do you have frequent nosebleeds?
_____ _____ Do you have frequent sore throats?
_____ _____ Do you have frequent ear infections?
_____ _____ Have you notice decreased hearing in either ear?

CARDIOVASCULAR

_____ _____ Have you ever had rheumatic fever or scarlet fever?
_____ _____ Have you ever been told that you have a heart murmur?
_____ _____ Do you have high blood pressure?
_____ _____ Do you ever get any chest pains?
_____ _____ Do you get palpitations (extra strong or irregular heart beats)?
_____ _____ Do you have a family history of heart attacks before the age of 50?

CHEST/PULMONARY

_____ _____ Have you ever had pneumonia?
_____ _____ Do you have asthma?
_____ _____ Are you frequently short of breath?
_____ _____ Do you ever wheeze?

ABDOMINAL

- _____ Do you have frequent abdominal pain?
- _____ Do you have, or have you ever had, an ulcer?
- _____ Have you ever had hepatitis?
- _____ Do you ever have blood in your stools (bowel movements)?
- _____ Do you ever have black, tarry stools?
- _____ Have you ever had a hernia?
- _____ Do you have pain or burning with urination?
- _____ Do you ever have blood in your urine?
- _____ Do you ever have dark colored urine?
- _____ Do you urinate very frequently?
- _____ Have you ever had a kidney stone?

GYNECOLOGIC (FEMALES ONLY)

- _____ Have you started monthly menstrual periods?
- _____ Are your periods regular?
- _____ Do you have heavy bleeding with your periods?
- _____ Do you take birth control pills?

NEUROLOGIC

- _____ Do you have occasional dizziness?
- _____ Do you ever faint?
- _____ Do you get frequent and severe headaches?
- _____ Have you ever had a concussion, or loss of consciousness?
- _____ Have you ever had a neck injury?
- _____ Have you ever had seizures or epilepsy? If yes, give date of most recent seizure:

ORTHOPEDIC

- _____ Have you ever had any fractures / broken bones? Please list:
- _____ Have you ever had a shoulder separation or dislocation? Circle appropriate response.
- _____ Have you been told that you have bursitis or tendonitis in your shoulder?
- _____ Have you ever had an elbow dislocation?
- _____ Do you get chronic elbow pain?
- _____ Do you get chronic wrist pain?
- _____ Do you get chronic back pain?
- _____ Do you have scoliosis?
- _____ So you have spondylolysis (stress fracture of the low back) or spondylolisthesis?
- _____ Have you had occasional hamstring muscles strains / pulls?
- _____ Do you get chronic knee pain?
- _____ Have you had tendonitis about the knee?
- _____ Has anyone ever told you that you have Osgood-Schlatter's disease?
- _____ Have you ever had a cartilage tear in you knee?
- _____ Have you ever had a ligament sprain / injury in the knee?
- _____ Has you patella (kneecap) ever dislocated?
- _____ Have you ever had shin splints or a stress fracture in you leg?
- _____ Have you had achilles tendonitis?
- _____ Do you get frequent ankle sprains?
- _____ Do your ankles hurt when you land short?
- _____ Do you have bunions that hurt?
- _____ Are there any other physical or mental situations that would affect your performance in gymnastics or that should be known if the need for emergency care should arise?

I, the parent / guardian (circle) of _____, give permission for emergency medical treatment of my child if I cannot first be contacted.

Parent / Guardian's Signature: _____ Date: _____

CROSSTUMBLERS RULES AND POLICIES

Students Name: _____

Payments: Monthly tuition is due the first lesson of each month. After the 7th there will be a \$10.00 late fee. Any collection fees involved will be passed on to the parents. In the event of a returned check, a \$15.00 fee will be added to whatever bank fees may have occurred.

In addition, a non-refundable \$25.00 membership fee will be due before the first class.

Uniforms:

Girls Gymnastics: Leotards with or without bicycle shorts are preferred. Short and shirts are acceptable as long as there are no belts or buckles and the student can move freely. Bare feet are preferred. Hair must be secured away from the face. No jewelry is allowed in class!!!

Boys Gymnastics: Shorts and shirts are acceptable as long as there are no belts or buckles and the student can move freely. Long hair must be secured away from the face. No jewelry is allowed in class!!!

Uniforms that are deemed to be unacceptable may prohibit the student from participating in some or all of the required activities.

Dance: All classes (except ballet) must have proper shoes and comfortable and appropriate clothes. NO JEANS OR JEAN SHORTS ALLOWED.

Ballet: Ballet classes are required to have hair pulled back. Proper ballet shoes, leotard and tights must be worn. Skirts are optional

Withdrawals: The classes run on a month to month schedule. Parents must give a two-week written notice prior to withdrawing a student from the class. Otherwise, parents will be billed for the entire month. If a student is absent without written notification for two consecutive classes, that student shall be dropped from the class, however the parent is still responsible for the tuition for the month the unexplained absences occurred.

Make-ups: No credits or refunds will be given for classes not attended. All absences must be approved in advance by the instructor to be eligible for make-up classes. Students may make-up a maximum of two missed lessons per month.

All make-up lessons must be scheduled in advance with the staff, and at a time approved by the staff. In the event of a class cancellation by the instructor, make-up lessons will be provided at the convenience of the parents.

Valuables: Valuable items should not be brought to the gym. Crosstumblers will not be responsible for lost or stolen items.

Holidays: In order to compensate for the extra days in the standard four week billing month, Crosstumblers will be closed for four weeks throughout the year (roughly scheduled for March, July, August, and December) and there will be no need for reimbursement or make-up classes. Any other holidays or upcoming events which will interfere with normally scheduled classes will be announced in advance in the newsletter published periodically by Crosstumblers, and/or on the dry erase board located near the entrance along with the times for make-up classes.

Classes: Classes will start on time. Do not drop off students more than 10 minutes prior to the beginning of the class. Students must be picked up immediately upon the completion of their class, unless prior arrangements have been made, in writing, with the staff of Crosstumblers for continued supervision of the student. The parents of students requiring continued supervision without prior arrangements will be charged at the current private lesson rate, prorated for each portion of an hour the student is under the supervision of the staff of Crosstumblers.

Visitors: Visitors must sit quietly in the designated areas. Please do not talk to or otherwise distract the students who are participating in the classes. Any interruptions could result in serious injury.

Any visitor who brings a minor, who is not enrolled in a class scheduled for that time, to the gym will be considered the guardian of that minor and is responsible for the actions of the minor while the minor is on the premises of Crosstumblers. The guardian of the minor is responsible for ensuring the minor obeys all of the rules of the gym and stays in the designated visitor areas. Crosstumblers will not be held responsible for any accident or injury that occurs as a result of inappropriate behavior of the minor. Do not leave any minors not enrolled in the class without adult supervision!

The staff of Crosstumblers reserves the right to require any visitor to leave the premises if it is deemed in the best interest of the students.

Membership: Crosstumblers reserves the right to cancel a student's membership at any time.

I have read, and I agree to abide by the above rules and policies.

Parent or Guardian's Signature: _____ Date: _____
Student's Signature (or Signature of Parent or Guardian signifying the student has been informed of and understands the above rules and policies): _____ Date: _____

CROSSTUMBLERS
STUDENT PREFERENCES

NAME: _____

AGE: _____ BIRTH DATE: _____

PARENTS NAMES: _____

FAVORITE COLORS: _____

FAVORITE ANIMALS: _____

FAVORITE CANDY: _____

FAVORITE FOOD: _____

FAVORITE RESTAURANT: _____

FAVORITE TYPE OF MUSIC: _____

FAVORITE SINGER OR GROUP: _____

FAVORITE SONG: _____

FAVORITE MOVIE: _____

FAVORITE TV SHOW: _____

FAVORITE SUBJECT IN SCHOOL: _____

FAVORITE SPORTS: _____

FAVORITE GYMNASTS: _____

FAVORITE PLACE TO GO: _____

FAVORITE THINGS TO DO: _____

OTHER ACTIVITIES CURRENTLY INVOLVED IN: _____

WHAT DO YOU WANT FROM GYMNASTICS: _____
