

CITY OF VERO BEACH RECREATION DEPARTMENT GYMNASTICS

SPRING SESSION 2019 REGISTRATION INFORMATION

Please check ALL classes that apply below:

Tuesday Classes

- Tuesday Beginner Gymnastics (6-12 years)
4:00 – 5:00 \$50(City) \$70(County)
- Tuesday Intermediate/Advanced Gym (6-12 years)
5:00 – 6:00 \$50(City) \$70(County)

Thursday Classes

- Diaper Daredevils
10:00 – 10:30 \$30(City) \$50(County)
- Thursday Aerial / Gymnastics (8 - 12 years)
4:00 – 5:00 \$50(City) \$70(County)
- Thursday Acro -Tots (3–5 years)
5:00 – 6:00 \$50(City) \$70(County)

Wednesday Classes

- Wednesday Acro -Tots (3–5 years)
5:00 – 6:00 \$50(City) \$70(County)
- Wednesday Open Gymnastics (6–12 years)
6:00 – 7:00 \$50(City) \$70(County)

Saturday Classes

- Saturday Diaper Daredevils (Walking to 3 years)
9:30 – 10:00 \$30(City) \$50(County)
- Saturday Acro -Tots (3-5 years)
10:00 – 11:00 \$50(City) \$70(County)
- Kidnastics (6-12 years)
11:00 – 12:00 \$50(City) \$70(County)
- Aerial/Gymnastics (8 -12 years)
12:00 – 1:00 \$50(City) \$70(County)

Registration for gymnastics is limited and will be accepted on a first-come, first-serve basis. The City of Vero Beach Recreation Department reserves the right to cancel any program due to insufficient enrollment with a credit issued.

*Fill in all of child's information (Please Print)

Name (First & Last): _____ Gender: _____ Age: _____
D.O.B: _____ Address: _____ Zip Code: _____
Home Phone #: _____ Cell Phone # 1: _____ Cell Phone # 2: _____
City Resident*: YES / NO E-Mail: _____
(*a city resident resides within the Vero Beach city limits)

EMERGENCY CONTACT: _____ RELATIONSHIP TO CHILD: _____
EMERG CONTACT'S PHONE NUMBER: _____ INSURANCE COMPANY: _____

REFUND/CREDIT POLICY:

In all cases fees are not refundable. A Credit slip will be given minus any classes attended and/or missed from the beginning of the session to point of cancellation & a \$20.00 cancellation fee will be applied. Credit given to apply to next session or another departmental activity

*I have read and fully understand the refund/credit policy -Parent Initials: _____

Would you like to help scholarship another child through a gymnastics session?

- YES, I would like to help another child attend a gymnastics session and will donate \$ _____ towards another participant.
- NO, at this time I am unavailable to donate.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

Visit us on the web at www.covb.org

General Liability Release and Indemnity Agreement

In consideration of the acceptance of my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and with the understanding that the program, activities, and events in which I and/or my child or ward participate carry with them the potential for serious injury, death, and property loss or damage, which risks include, but are not limited to, those caused by terrain; facilities and equipment; swimming pools and fountains; water conditions, including, but not limited to, pollution, temperature, currents and waves; participant's abilities and equipment; vehicular, pedestrian and vessel traffic; weather; temperature; and actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, officials, monitors, media, and sponsors/producers of the program, activity, or event, I RECOGNIZE AND AGREE TO ASSUME ALL RISKS known and unknown that arise or might arise incidental to such participation, and, on my own behalf, on behalf of my child or ward, and on behalf of my and my child's or ward's parents, guardians, heirs, executors and administrators, next of kin, successors and assigns, RELEASE and forever discharge the released parties defined below, of and from any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, known or unknown, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and I further agree to indemnify and hold each of the released parties harmless against any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, including, but not limited to, all attorney's fees and disbursements, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events.

The released parties are the City of Vero Beach, its elected officials, officers, employees, agents, representatives, volunteers, their successors and assigns, and event sponsors, producers, their agents, successors and assigns. I understand and agree that this General Liability Release and Indemnity Agreement includes any claims based on the negligence, actions or inaction of any of the released parties and covers bodily injury, death and property damage or loss, whether suffered by me and/or my child or ward, before, during, or after such participation, including travel to or from an activity or event whether by private transportation or City of Vero Beach provided transportation, or on account of any first aid treatment or service.

I certify that I and/or my child or ward are physically fit, sufficiently trained and capable to participate in the City of Vero Beach Recreation Department program, its activities and events, and have not been advised otherwise by a qualified medical person. I authorize medical treatment and services for myself and/or my child or ward if the need arises and I assume all responsibility and will fully indemnify the released parties for all medical and other costs incurred for such treatment and services.

I understand that participants may be videotaped or photographed during recreation department program activities and events. My photo, video and film likeness, and that of my child or ward, may be used by the program, activity, and event holders, producers, sponsors, organizers and/or their assigns for any legitimate purpose and I will hold the released parties harmless, on behalf of myself and my child or ward and the parents, guardians and others as outlined above, for such use.

If the participant is a minor or otherwise legally incapacitated, the undersigned parent and natural guardian or legal guardian of the participant hereby represents and certifies that he or she is, in fact, the parent or legal guardian of said child or ward and that he or she possesses the authority to act in such capacity and does hereby so act and agrees to indemnify and hold harmless the released parties from all liabilities and costs as outlined above as may be imposed upon the released parties because of any defect in or lack of legal capacity to execute this release and so act and to release said parties on behalf of the child or ward and parents or guardians and others as outlined above.

I have carefully read this release, understand its contents, and voluntarily signed it below.

PLEASE PRINT

Participant Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Emergency Contact Name and Telephone Number: _____

Signature: _____ Date: _____

(Parent/ guardian must sign for children under 18 or legally incapacitated)

Witness Signature: _____

Print Witness Name: _____

RULES AND POLICIES

- General:**
- *SAFETY FIRST!!!!
 - *Gum, food, or drinks are not allowed on mats in Centerstage.
 - *Horseplay and playing on the equipment will not be tolerated.
 - *Destruction or Vandalism of equipment will not be tolerated
 - *Listening to the instructors improves learning skills.
 - *Participation in warm-ups is mandatory!
 - *When class is over it's over. Unsupervised tumbling will **NOT** be tolerated inside or outside in the grass at Centerstage. Do not allow your child to perform skills learned during class outside of Centerstage.
 - *No one other than signed-in gymnasts are allowed on the mats and equipment in Centerstage.
 - *A common practice for children is to share brushes, ETC. Because of health concerns, specifically head lice, remind your child not to share these items.
 - * Spotting is to be done by coaches only. No student or parent spotting of gymnasts is allowed.
 - * Students should report any accidents or injuries to an instructor.
 - * Do Not pick at the foam on the mats!
- Uniforms:**
- *Girls: must wear one-piece leotards. However, shorts may be worn over the leotards.
 - *Boys: athletic shorts or pants and fitted T-shirts.
 - *No, jeans, shorts or pants with belts, zippers or buckles may be worn.
 - *Hair longer than shoulder length must be tied away from the face.
 - *No jewelry is allowed in class (stud earrings are permitted).
 - *Barefeet are the best. Please avoid socks and footed tights. No shoes.
- Make-Ups:**
- *NO CREDITS OR REFUNDS WILL BE GIVEN FOR CLASSES NOT ATTENDED.
 - *No make-up classes or refunds will be offered for missed classes.
 - *Classes that are on Official City Holidays or other large Recreation events are not made up.
- Valuables:**
- *Valuable items should not be brought to the gym. Centerstage will not be responsible for lost or stolen items.

Visitors: *Visitors must sit in the designated parent viewing room area NOT in the gymnastics area and follow the parent viewing room rules. Please do not talk to or otherwise distract the children participating in the classes. Any interruptions could result in serious injury.

*Parents are responsible for children not participating in classes.

Drop-off * Do not drop your child off more than 5 minutes before their scheduled class time. Centerstage staff cannot watch your child before their scheduled class time. You are responsible for the supervision of your child prior to their class.

Pick-up: * Students of all ages must wait inside the building until their ride arrives. Pick up your child on time. If an emergency arises please notify us. Your child will not be permitted to leave the Centerstage building unless a parent or guardian is present.

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

SIGNATURE: _____ **DATE:** ___/___/___

WITNESS: _____ **STUDENT:** _____

USA GYMNASTICS

Gymnastics Safety Guidelines

- I. **ASSUMPTION OF RISK.** PARTICIPATION IN GYMNASTICS ACTIVITIES INVOLVES MOTION, ROTATION, AND HEIGHT IN A UNIQUE ENVIRONMENT AND AS SUCH CARRIES WITH IT A REASONABLE ASSUMPTION OF RISK.
WARNING! Catastrophic injury, paralysis, or even death can result from improper conduct of the activity.

- II. **COMPETENT SUPERVISION.** Do not participate in any gymnastics without competent supervision.

- III. **POTENTIAL MEDICAL EMERGENCIES.** Instructors, supervisors should be aware of the potential medical emergencies that could occur in gymnastics and be prepared to adequately respond to them in an appropriate manner.

- IV. **BE PREPARED TO PARTICIPATE.** Dress appropriately, follow accepted warm-up practices, and be mentally prepared to engage in the activity.

- V. **CAREFULLY CHECK EQUIPMENT.** Before directly engaging in any gymnastics activity, make sure the equipment is adjusted and secured and that adequate matting appropriate to the activity is in the correct position.

- VI. **CARELESSNESS CANNOT BE TOLERATED.** Gymnastics is an activity requiring active concentration. HORSEPLAY or any other form of carelessness cannot be tolerated at any time for any reason. Consult your instructor.

- VII. **FOLLOW PROPER SKIL PROGRESSIONS.** A safe learning environment includes a correct understanding of the skill being performed and following proper skill progressions. When in doubt, always consult your instructor.
- VIII. **MASTERING BASIC SKILLS.** Safe learning practices demand mastering basic skills before progressing to new and/or more difficult levels.
- IX. **ATTEMPTING NEW AND/OR DIFFICULT SKILLS.** The readiness and ability level of the performer, the nature of the task, and the new competency of the spotter all must be taken into consideration when attempting a new or difficult skill.
- X. **PROPER LANDING TECHNIQUE.** Safe dismounts, as well as unintentional falls, require proper landing techniques. No amount of matting can be a fail-safe. Avoid landing on head or neck at all costs as serious catastrophic injuries may result.

I HAVE READ AND UNDERSTAND ALL OF THE GYMNASTICS SAFETY GUIDELINES/RULES AND REGULATIONS FROM USA GYMNASTICS AND THE CITY OF VERO BEACH RECREATION DEPARTMENT'S GYMNASTICS PROGRAM:

Participants Name: _____

Print Parent/ Legal Guardians Full Name: _____

Signature: _____ Date: _____