

Southern Hills Community Recreation Initiative (SHRec)  
Gymnastics Registration 2021-2022

**Students' Information**

**CHILD #1:** Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIC REACTIONS: \_\_\_\_\_

**CHILD #2:** Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIC REACTIONS: \_\_\_\_\_

**CHILD #3:** Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIC REACTIONS: \_\_\_\_\_

**Parent/Guardians' Information**

Mother's/Guardian's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Pick Up Release & Emergency Contact**

**Please list anyone authorized to pick up your child. (ID will be required)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Confirmation**

**Registration \$30 per Family** \_\_\_\_\_ \$30 \_\_\_\_\_

**11 classes**

\$130 **PreK** (3-5yrs~ 45min.) \_\_\_\_\_

\*NEW\* \$110 **Mommy & Me** (toddler ~30 min) \_\_\_\_\_

\$160 **Beginners** (K- 2<sup>nd</sup> ~ 60min) \_\_\_\_\_

(Parent must be in attendance)

\$190 **Intermediate** (3<sup>rd</sup>-5<sup>th</sup>~ 90min) \_\_\_\_\_

\$190 **Advanced** Group (5<sup>th</sup> & up ~90 min) \_\_\_\_\_

Payment Total Received: Cash \_\_\_\_\_

Check # \_\_\_\_\_

# Conduct Policies

## **Southern Hills Community Recreation Initiative (SHRec) Policies:**

The gymnastics program is a recreation/learning program, **NOT** a competitive program. The purpose of the program is for the participants to **LEARN, EXERCISE**, and have **FUN**. Each child will be given an equal opportunity to participate.

All employees (gymnastic coaches), volunteers, and SHRec Board members are required to read and sign the Conduct Policies acknowledging that he/she understands and agrees to comply with the policies. All gymnastic coaches have successfully completed the USA gymnastics safety course along with a background check. Volunteers who are 18 years of age and older will also have a background check completed and on file. Employees and volunteers will adhere to the three person rule which states that no child will be left alone with one adult. There will ALWAYS be 2 adults in the room for the protection of your child.

If a SHRec employee determines that the action of a parent, guardian, family member or participant is detrimental to the program, the said individual will be asked by the SHRec employee/volunteer to leave the gymnastics area or facility. If detrimental actions continue during that incident or another incident occurs, the participant may be removed permanently from the program. Documentation will be kept by the employee and delivered to the SHCRI Board of Directors for review.

## **Parent/Guardian Policy:**

All Parent/Guardian(s) are required to read and sign the Conduct Policies acknowledging that he/she understands and agrees to comply with the policies.

Parent/Guardian(s) will be responsible for transporting or arranging rides for their child(ren) to and from gymnastics. They are welcome to watch their child(ren) participate in gymnastics, but are not allowed on the gymnastics floor unless specifically invited by the coach to provide assistance with their child(ren) **ONLY**. Parent/Guardian(s) will have reasonable and realistic expectations for the participants.

Parent/Guardian(s) will not threaten, make inappropriate remarks (including foul language or obscene gestures), inappropriately touch, or throw an object at a coach, volunteer, spectator, SHRec Board member or participant at any time. They will not attend under the influence of alcohol or drugs, nor bring said items onto the gymnastics building premises.

If a Parent/Guardian(s) or participant has a specific concern about the gymnastics program, he/she is requested to place their concern in writing with the specifics (date, time, and individual(s) involved) and deliver said concern to the SHRec Board of Directors for review. Said document must also include recommendation(s) of how the problem can be resolved. The Board can be emailed at [HotSpringsRecCenter@gmail.com](mailto:HotSpringsRecCenter@gmail.com).

## **Participant Policy:**

Participants will be allowed to participate in the gymnastics program **ONLY** when all registration forms have been completed and signed by the Parent/Guardian and payment has been received with valid funds.

Participants will display good sportsmanship at all times and use equipment properly. Any destruction of gymnastics equipment will be paid to the Hot Springs Community School by the Participant and/or his/her Parent/Guardian. He/She will try his/her best at all times. The Participant will speak and act respectfully to a coach, volunteer, SHCRI Board member, family member, spectator, or fellow participant(s) at all times. If being disrespectful a participant may be asked to leave.

Participants will wear appropriate clothing and long hair must be pulled back. Girls & Boys, please wear athletic shorts, sweat pants, leggings, T-shirt or leotard with no buttons, snaps, zippers or jewelry.

**\*\*NO CHILD WITH SYMPTOMS OR SICK CHILD** will be allowed to participate. If we find that your child is exhibiting symptoms of ANY illness we will contact you immediately for the removal of your child.

I certify that I have read and will comply with the SHRec gymnastics program Conduct Policies.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**AAU Policy:**

We welcome you to SHRec's 2021-22 Recreation Gymnastics Program. SHRec Winter Gymnastics Program will be participating with the Amateur Athletic Union (AAU) as our insurance carrier. Therefore, EVERY child must be a member of AAU for the season **prior** to being able to participate in classes. To learn more about AAU visit [www.aausports.org](http://www.aausports.org). The good news is that these fees are already figured into your cost and by signing this you agree to allow SHRec to apply for your child's AAU membership.

\_\_\_\_\_  
**Printed name of Child #1**

\_\_\_\_\_  
**Printed name of Child #2**

\_\_\_\_\_  
**Printed name of Child # 3**

\_\_\_\_\_  
**Signature of parent or guardian**

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

**SHRec Financial Policies:**

SHRec is a 501(c)3 volunteer organization. The cost of this program is reviewed on a yearly basis. The rates are evaluated by comparing to surrounding areas. The finances from this program are used to pay for equipment, the City rent, insurance, instructors, taxes, in addition to the capital building fund. Not only are your children receiving a great service, but also you are supporting an organization working toward creating a year-round facility.

- Payment can be made in full at time of registration or made in 2 payments. The second payment must be completed by January 7th for your child to continue with classes.
- We accept check, cash, or online payments.
- SHRec requires a \$30 annual registration fee. Non-refundable.
- A \$25 fee will be charged for all returned payments.
- There are no refunds after the start date, unless medical issues occur during the session accompanied by a doctor's note. This request must be accompanied by a doctor's note and the credit will be calculated from the date of notice of withdrawal minus classes attended and a \$30 administrative fee.
- There are no refunds for missed classes. Make up classes are not provided unless the City allows for a snow day.
- If you are starting mid-season, we will prorate your tuition accordingly.

By signing this, I acknowledge I have read and understand the financial policy of the SHRec Recreation Gymnastics Program and if I choose not to follow, my child will not get to participate.

\_\_\_\_\_  
**Signature of parent or guardian**

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

**\*RELEASE AND WAIVER OF LIABILITY\*    \*ASSUMPTION OF RISK\***  
**\*INDEMNITY AGREEMENT\*    \*MEDICAL AGREEMENT\***

In consideration of participating in Southern Hills Community Recreation Initiative (SHRec) gymnastics program, I understand the nature of this Activity and state that the Student is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, the Student will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, concussion, paralysis, illness, and death, which may be caused by the Students' 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" 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 incur as a result of the Student participation in the Activity. Students who display signs of a concussion after a head injury will be immediately removed from the Activity, parents will be contacted and the Student may return to the Activity with a Doctor's note stating that the Student is able to resume normal Activity.

I hereby release, discharge, and covenant not to sue Southern Hills Community Recreation Initiative, its respective administrators, Board members, directors, agents, officers, volunteers, and employees, other participants, the City of Hot Springs, the Hot Springs Public Schools, any sponsors, and advertisers (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified 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 Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

**\*\*NO CHILD WITH ANY SYMPTOMS OF ILLNESS OR SICKNESS** will be allowed to participate. If we find that your child is exhibiting symptoms of ANY KIND we will contact you immediately for the removal of your child from the facility.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, MEDICAL WAIVER, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to agree to a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ I give my permission to SHRec to use photographs taken during gymnastics of my child(ren) for advertisement of their non-profit organization including but not limited to website and Facebook production.

\_\_\_\_\_ I **Do Not** give my permission to SHRec to use any photography taken during gymnastics of my child(ren) for advertisement of their non-profit organization including, but not limited to website and Facebook production. It is the parent responsibility to hold the child out of picture day.

\_\_\_\_\_  
Printed name of **Parent/Guardian**

\_\_\_\_\_  
Signature of **Parent/Guardian**

\_\_\_\_\_  
**Dated**