



2020-2021 Season Registration & Waiver Form

6041 Victory Ln SW, Concord, NC 28027
www.axcelerategymnastics.com

Student's Name _____ DOB _____ Age _____ M/F _____

Mother's Name _____ Father's Name _____

Address _____ City _____

State _____ Zip _____ Primary Email _____

Secondary Email _____ Phone: Home _____

Mom's Cell _____ Dad's Cell _____ Emergency # _____

Emergency Contact Name _____ Relationship _____

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The undersigned recognizes, acknowledges, appreciates, and agrees that gymnastics is a dangerous sport, and that any activity involving height and/or motion can cause minor to severe injuries. And thus, the participation in such programs and activities involves a risk of injuries, including serious or catastrophic in nature. All coaches and staff members at Axcelerate Gymnastics Academy, LLC (AGA) take every precaution to ensure the safety of each athlete and student. While safety is our number one priority, athletes and students may suffer injuries, possibly minor or serious. With this in mind and being fully aware of the risks and possibility of injury involved, the undersigned consents to have the child/children listed above, participate in the programs offered by AGA. I further agree that I and/or my child/children have adequate medical and health insurance to be enrolled in activities offered by AGA. The undersigned also acknowledges, appreciates, and agrees that participation in such AGA programs and activities includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and/or the participation of my child/children. 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 and any unusual or significant hazard during my presence or participation and/or that of my child/children, I will remove myself and/or my child/children and bring such to the attention of the nearest staff or coach immediately.

In the unlikely event of an injury or exposure to an illness from an infectious disease, I, for myself and on behalf of my heirs, assigns, executors, or other representatives, hereby waive any right I may have to sue, and agree to release Axcelerate gymnastics academy, LLC, their owners, officers, officials, agents, representatives and/or employees and other participants, whether paid or volunteer ("Releasees"), from any liability in connection with any such injury or illness, whether arising from the negligence of Releasees or otherwise. I hereby agree to indemnify and hold the Releasees harmless from and against any and all losses that the Releasees may suffer or incur with respect to or arising out of any demand, claim, inquiry, investigation, proceeding or any other action that I may have or bring against Axcelerate Gymnastics Academy, LLC for any injury, 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. In addition, the Releasees are not liable for injuries sustained by athletes, students or spectators during the course of or in the transportation to or from any programs including classes, exhibitions, competitions or clinics.

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.

Date: _____

Signature: _____

Name of Athlete or Parent/Guardian: _____

Gym Policies

Social Distancing/Spotting

I am aware that while gymnastics and trampoline activities are individual sports, there will be times when incidental contact will occur. AGA will be operating in a social and physical distancing environment, but even with best efforts and intentions, there will be times when the children will breach the prescribed distancing recommendations. In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly, and to prevent injury. I understand and agree that spotting will be part of the learning process at AGA. Direct assistance will also be provided in the event of an injury, as needed. I agree to permit AGA coaches or staff to physically assist me or my child/children when needed.

Face Masks

Gymnastics, tumbling and dance can all be cardio-intensive activities. With that, I understand that I or my child/children will not be permitted to wear a face mask while participating in those activities at AGA. Masks will be required if, and when riding the gym van. I also understand that AGA staff may or may not be wearing masks when instructing me or my child/children as coaching/instructing is also a physical activity.

Visitors

We will require masks for all visitors, including dropping off/picking up parents. We will be limiting the number of visitors allowed in the lobby area. Parents are encouraged to drop off/pick up only and will appreciate only one parent during drop-off/pick up. If you must wait in the gym, we encourage you to please wait in the car if there are not enough seats available in the lobby

Sanitation

AGA is committed to cleaning and sanitizing our facility and equipment throughout the day to provide the most sanitary environment possible for our customers. However, the athletes will be touching equipment while moving in physically distanced stations one after the other without the equipment being sanitized between athletes. Equipment will be thoroughly sanitized after each session. I give permission for AGA coaches and staff to sanitize my or my child's/children's hands at the beginning and end of each class.

Illness

I acknowledge that it is my responsibility as the parent or caregiver to make sure I am not bringing any person (myself, my child/children, siblings) into AGA's facility with any symptoms of illness. Anyone entering our facility MUST be symptom free for a minimum of 72 hours. I understand that if any AGA staff member feels that any customer is showing signs of illness, they will be asked to leave the building immediately.

Water Fountains & Water Bottles

For the safety of everyone, the water fountain is currently closed. All athletes should bring a water bottle marked with his/her name. I understand that ANY water bottle left in our facility at the end of each day will be discarded. Water will be available at the gym for purchase.

Medical Emergencies

I hereby give my permission for AGA coaches, staff and/or any appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child/children while under the supervision of AGA. In case of an emergency, I understand that I or my child/children will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, AGA's staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Photo & Media Release

I understand that my or my child's/children's photograph or video may be taken during class participation. I hereby grant permission to AGA to use my or my child's/children's photograph or video in any social media or promotional publication, such as website, social media, bulletin boards, newsletters, programs or brochures, etc.

Payment Policy

Tuition is due in full on or prior to the first day of class. A \$10 late charge will be assessed to late payments.

Drop & Make Up Policy

You will be charged the full tuition for the month. No refunds will be given for drop-offs during the month. Due to the limited number of athletes we will have at one time in the gym, make-up classes may not be available at this time. No refunds will be given for classes missed.

I have read and agree to all of the information listed above.

Date: _____

Signature : _____

Name of Athlete or Parent/Guardian: _____

NCDHHS Health Screening of Staff and Children for COVID-19

Please read the following questions carefully and respond honestly. Circle yes or no and initial each line.

- Do you or do any of the children you are dropping off have any of the following?
 - Fever* Yes/No _____
 - Cough Yes/No _____
 - Shortness of breath or difficulty breathing Yes/No _____
 - Chills Yes/No _____
 - New loss of taste or smell Yes/No _____
 - Vomiting or diarrhea (children only) Yes/No _____

- Have you or any of the children you are dropping off:
 - Been in contact with anyone who has had any of the above symptoms in the last two weeks (14 days)? Yes/No _____
 - Potentially been exposed** to COVID-19 in the last two weeks (14 days)? Yes/No _____

- Do you or do any of the children you are dropping off have reason to believe you/they have COVID-19? Yes/No _____

* Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

** Exposure is sharing a household or having close contact with anyone with COVID 19 or has symptoms of COVID 19

I have read the above registration and initialed all items on the COVID-19 Questionnaire and understand that I am registering my athlete for the Axcelerate Gymnastics Academy 2020-2021 Summer Session.

Date: _____

Signature: _____

Name of Athlete or Parent/Guardian: _____