

Application for Youth Programs Bengal Gymnastics

Louisiana
(225) 578-6728

This form is to be filled out completely by a parent or guardian. Please use a separate form for each child. You may copy this form for future use. Tuition is due the first class of each month. Any person that does not pay their tuition on that date will be given a \$5.00 a week late fee until paid.

General Information:

Name: _____ Date of Birth: _____ Gender: _____ Age: _____
Last First Initial

Parent/ Guardian Name(s): _____

Home Address: _____
Street, P.O. Box, or Apt. Number City State Zip

Telephone Number: Home _____ Work: _____ Cell: _____

Email Address: _____ Current Grade: _____ (if summer, grade entering Fall)

School Name: _____ or Home school student

If not available in an emergency, notify (Name) _____ Relation: _____

Telephone Number: Home _____ Work: _____ Cell: _____

Class Attending: _____

Day _____ Time _____ 1 day _____ 2 day _____ Try it _____ Team _____

Permissions:

I understand that when my child's class ends for the day, Bengal Gymnastics's responsibility to him/her ends and it is my responsibility to pick up my child promptly.

If you do not give your child permission to be photographed/videotaped for instructional/ publicity purposes, please sign below. If you agree, leave this section blank. _____

If you do not give your child permission to participate in field trips, please sign below. If you agree, leave this section blank.

Payment Information:

Pay each month by check or credit card *

* A late fee of \$5 per week may be accessed if payment is not made by the first class of each month.

I understand that I must give a 30-day written notification to a Bengal Gymnastics officer to cancel this enrollment.

Parent/ Guardian's Name: _____

Signature: _____ Date: _____

Medical Information

Enter "C" for current and "P" for past

Conditions:

- Frequent ear infections _____
- Heart defect/disease _____
- Convulsions _____
- Diabetes _____
- Bleeding/Clotting disorder _____
- Hypertension _____
- Other Conditions _____

Allergies:

- Asthma _____
- Hay fever _____
- Poison ivy _____
- Insect sting _____
- Drug(s) _____
- Poison Ivy/Oak _____
- Other Allergies _____

If your child has any medical, psychological, or emotional conditions that we need to be aware of, please explain below:

List any current medication, accommodations, activity restrictions, or dietary restrictions that your child is taking and/or needs.

Family Physician: _____ Telephone Number: _____

Physician Address: _____
Street, P.O. Box, or Apt. Number City State Zip

Insurance Company & Policy Number: _____

Name of Person Carrying Insurance: _____

Place of Employment: _____

Waiver of Liability/Parental Consent

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the student. I/we further certify that the student is physically, emotionally, and mentally capable of participating in all related activities with reasonable and appropriate accommodations. I/We agree to provide a medical form to Bengal Gymnastics. Upon request by the staff of Bengal Gymnastics, I/we agree to provide a doctor's certificate confirming the student's ability to participate in Program activities. I/we hereby give permission for the staff of Bengal Gymnastics to seek appropriate medical treatment for the student during the period of the Program and for the student to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided. As a condition to the student's participation in the Program, I/we for ourselves individually and on behalf of the student, our heirs, executors, and administrators, hereby waive, release and forever discharge Louisiana State University, its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, Bengal Gymnastics, its directors, staff, partners, agents, consultants, employees, independent contractors and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Program and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the student or the undersigned in connection with the student's transportation to, transportation from, participation, lodging, meals, and medical decisions relating to the Program, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Release Parties. Please print your name, the student's name, sign and DATE this waiver. This form must be completed in order for your child to participate in Bengal Gymnastics.

Student's Name (Print): _____

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian (Sign): _____ Date: _____