

**City of Goose Creek Recreation
Casey Community Center
PRE-TEAM & TEAM GYMNASTICS**

PROGRAM FEES for September 2011– May 2012

Payments are due on the 1st of each month.

Please print. Please answer ALL QUESTIONS. INCOMPLETE FORMS WILL NOT BE PROCESSED.

Participant's Name: _____ Male: ___ Female: ___ Age: _____

Birthdate: _____

Address: _____ City: _____ Subdivision: _____

Does Participant live within the City of Goose Creek Recreation boundaries YES _____ NO _____

Day Phone: _____ Evening Phone: _____ Cell phone: _____

e-mail address: _____

MOTHER'S Name: _____ **FATHER'S Name:** _____

Name of **MEDICAL INSURANCE COMPANY:** _____

Do you wish to purchase **PLAYGROUND INSURANCE?** (Required if you have no medical insurance \$10.00/child)
___ YES ___ NO ___

Does the child have any **SPECIAL NEEDS** of which we should be aware? YES _____ NO _____
If so, what are they?

I UNDERSTAND that PAYMENTS MUST BE PAID BY THE FIRST DAY OF EACH MONTH. A LATE FEE OF \$10 will be charged on late payments. I understand that my space in the program may be FORFEITED if my payment is late.

I UNDERSTAND that a TWO-WEEK ADVANCED WRITTEN NOTICE must be given before withdrawing from the program. If no notice is given, I will PAY FOR THE PROGRAM.

In the event of a **MEDICAL EMERGENCY**, I authorize the City of Goose Creek Recreation Department or its representatives to obtain emergency medical treatment for my child, and if I cannot be contacted, this authorization will serve as my request and authority for the program staff to seek medical assistance for my child. I wish to have my child transported to nearest emergency facility. I understand that I shall be responsible for all costs incurred in any such medical emergency.

I understand that there are always risks involved in participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in this activity. In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Goose Creek Recreation or its representatives, successors, agents, sponsors, supervisors and instructors for any and all injuries suffered by my child at any activity sponsored by these groups. I understand that the use of corporal punishment is strictly prohibited in the program. Disclosure of your social security number is voluntary. These numbers are only used for medical information in the event of an emergency or for debt collection I further grant City of Goose Creek Recreation the unencumbered right to make promotional use of any pictures and/or videotapes taken of the registrant while participating in this program.

I have read and understand the program and payment policies for the Pre-Team and Team Gymnastics Program.

Signature of Parent/Legal Guardian: _____ Date _____

CLASS REGISTERING FOR: Day/Time: _____

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STAFF USE ONLY

Date paid _____ Month Paid For _____ Staff initials _____