



Date Enrolled: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ F or M  
Student #2 Name: \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ F or M  
Student #3 Name: \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ F or M  
Student #4 Name: \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ F or M

Address: \_\_\_\_\_  
Street City Zip

Mother (Guardian's) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father (Guardian's) Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

If neither parent can be reached, in an emergency, please contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Medical Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Other information (medical, allergies, special needs, previous bodily injuries, limitations) \_\_\_\_\_

How did you hear about Bay Island?  Phonebook  Friends/Familv  Advertisement  Other: \_\_\_\_\_

### Acknowledgment of Risk and Waiver of Liability

As legal guardian for the student(s) listed above on this form, I consent to the named students' participation at Bay Island Gymnastics. I realize the potential for injuries, including paralysis or death, when participating in any activity involving motion and height. I understand that it is the intent of Bay Island Staff to provide for the safety and protection of all students, and injuries may still occur. I understand that children are not permitted in the activity areas without an instructor. I hereby forever release Bay Island Gymnastics and its employees from all liability, claims and for all damages and injuries occurring while on the premises, during participation/training at Bay Island Gymnastics or while performing at an event for Bay Island Gymnastics. *Initial here:* \_\_\_\_\_

Furthermore, I hereby agree to provide for the possible future medical expenses which may be incurred by my child. I give my permission to the Bay Island Staff, as well as any medical professional, to administer emergency medical treatment to my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. *Initial here:* \_\_\_\_\_

**I have read and understand the Acknowledgment of Risk and Waiver of Liability, and I agree to the terms as written.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Payments & Policies

**Tuition-** Is due the 1<sup>st</sup> of each month, and will be increased by \$10 if received after the 7<sup>th</sup> of each month. Your account will be charged an additional \$20 for any check that is returned unpaid by your financial institution. The following forms of payment are accepted: cash, checks (with Client ID# or child's name), Visa or MasterCard. *Initial here: \_\_\_\_\_*

**Refunds/Credits** – Bay Island does not issue refunds, credits or pro-rate for missed classes, camps, parties, or activities. *Initial here: \_\_\_\_\_*

**Missed Classes-** each student is permitted one make-up per month for each class attended in one week. Make-ups are provided as a courtesy for enrolled students only and cannot be used as credit for new sessions or during vacation months. Scheduled make-ups that are missed and make-ups not scheduled within 1 month of the absence are forfeited. Please contact the office in advance to schedule make-ups. *Initial here: \_\_\_\_\_*

**Drop Policy-** Bay Island is a year round program. If you wish to end enrollment, a drop card must be submitted by the 15th of the month prior to the month you wish to discontinue classes. Without written notice or a completed drop form, we will reserve your child's class and you are responsible for full tuition for the upcoming month regardless of attendance. *Initial here: \_\_\_\_\_*

**Vacation Policy-** Each member may take ONE vacation month per year FREE of CHARGE, this does not apply to pre-team or team gymnast. A vacation card must be submitted by the 15th of the month prior to the requested vacation month; tuition is to be pre-paid for the returning month. Bay Island will reserve your current class for one month at no charge. *Initial here: \_\_\_\_\_*

**Annual Insurance/Registration Fee-** All students are required to pay a non-refundable annual insurance/registration fee and have an up to date enrollment card on file. Should enrollment lapse longer than 6 months registration fee will be needed to re-enroll *Initial here: \_\_\_\_\_*

**Transferring Classes** - May be requested once per month, and will be granted if there is space in the requested class. Moving to a more advanced class requires the consent of the instructor. *Initial here: \_\_\_\_\_*

**Holidays:** Many closed holidays are fixed into monthly tuition and may not receive make-ups. Tuition is based on an average of 4 classes per month, some months having more and others having less. If Bay Island is closed any additional days an additional make-up lesson will be granted. *Initial here: \_\_\_\_\_*

## Gym Rules

- ★ Due to insurance restrictions and for the safety of your child, no one is allowed in the training/activity area before or after class without an instructor. Students are to remain in the waiting area until class is called.
- ★ Due to Insurance restrictions spectators and non-registered guests are not permitted in the training/activity areas. Parent Assisted Jr. Explorers, Special Events Guests, and Party participants are the only exceptions.
- ★ Nonparticipating children are to remain in the lower waiting areas under parental supervision. The upstairs area is designated a quiet area for adults and staff members only.
- ★ All personal belongings are to be kept in the shelves of the waiting area. The lost and found bucket is located in the waiting area. All unclaimed items are donated to charity at the end of the month. BIG is not responsible for lost or stolen items.
- ★ For your child's safety and well-being, please do not leave your child at the gym more than 10 minutes before or after their scheduled class time. Children are not permitted to wait in the parking lot for pick-up.
- ★ Please help us keep our facility clean and sanitary. Assist young children in need of using the restrooms and throw garbage in to the recycle bin or trash.
- ★ Girls can wear a one piece leotard (tights may be worn - without feet), hair must be tied up neatly. Boys can wear shorts or sweats **without pockets** and T-shirts. No large baggy clothes or jeans. **No zippers, snaps, buttons, or jewelry allowed.**

I have read and understand the Gym Rules, Payments & Policies, and I agree to the terms as written.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for choosing Bay Island Gymnastics!**

3775 Alameda Avenue, Suite E, Oakland, CA 94601

[www.bayislandgymnastics.com](http://www.bayislandgymnastics.com) Phone: (510) 533-3939