



Student Registration Form

1. Name _____ Birthdate ____ / ____ / ____
 First Last

School: _____

2. Name _____ Birthdate ____ / ____ / ____
 First Last

School: _____

Parent 1 Name _____ Parent 2 Name _____

Address _____ City _____ ZIP _____

Parent 1 Phone (____) _____ - _____ Parent 2 Phone (____) _____ - _____

E-Mail Address _____

E-Mail Address _____

MEDICAL COVERAGE
As a safety precaution, your child should be covered by medical insurance in order to participate with **IRG&B** activities.
Name of Insurance _____ Policy #: _____

MEDICAL INFORMATION
Has the participant had a physical Examination in the last three years? YES NO

International rhythmic gymnastics recommends that every student complete an annual physical examination.

Physicians Name _____ Phone Number(____) _____ - _____

Please briefly describe any medical or learning problems that might interfere with gymnastics:





RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT PERMISSION TO TREAT IN AN EMERGENCY

PLEASE READ CAREFULLY BEFORE SIGNING:

I acknowledge that I am the parent or legal guardian of the child(ren) identified above and voluntarily authorize my child(ren) to participate in gymnastics activities at International rhythmic gymnastics (IRG&B) . I have read IRG&B's written warning of the dangers inherent in gymnastics and recognize that participating in gymnastics involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis.

In consideration of the acceptance of my child(ren)'s registration in IRG&B's gymnastics activities, I and my child(ren) personally assume all risks, whether foreseen or unforeseen, in connection with my child(ren)'s participation in this activity, and **WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE THE INTERNATIONAL RHYTHMIC GYMNASTICS TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD(REN)'S PARTICIPATION IN THIS ACTIVITY.**

Further, I assume complete responsibility for any property damage and/or personal injury caused by my child(ren) in connection with his/her/their participation in IRG&B gymnastics.

I have fully and accurately completed the Medical Information section in my child(ren)'s enrollment application and assert that my child(ren) has/have no physical condition that would prevent or hinder his/her/their participation.

In the event of any injury, I authorize IRG&B and its employees to administer first aid, transport my child to a hospital, initiate medical treatment and hold my child until I can be notified.

I understand this Release Agreement is a contract and shall remain in effect for the duration of my child(ren)'s participation in IRG&B gymnastics activities. This agreement contains the Entire Agreement between the parties and supersedes any prior agreement whether oral or written. This Release Agreement shall bind my heirs, personal representatives, assignees and all members of my family, including minors.

I fully understand that IRG&B staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant permission for the staff of IRG&B, if deemed necessary by them, to render first aid and to seek medical assistance, including summoning an ambulance, on behalf of the above named participant in the event of any injury or illness. I acknowledge that any costs of medical care provided or emergency transportation, are my sole responsibility.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

Signature _____ Date ____/____/____

Print Name _____ Relation to Child _____





SAFETY RULES

Our mission is to provide your child a superb, safe, challenging and enjoyable educational and athletic experience. The following rules support this mission:

1. Rhythmic gymnastics students must be accompanied by an adult into each of our facilities and escorted by an adult to the IRG&B carpet area. Parents are encouraged to take their younger children to the bathroom prior to the start of class. If for some reason a student's participation in class should be limited in any way, parents need to inform the instructor prior to class this includes statements from physicians regarding limitations as well as release from those limitations.
2. When walking to the bathroom or water fountain during assigned breaks, children must walk around the rhythmic carpet, staying close to the wall of the facility and off any basketball courts. Students should leave the bathroom area as soon as possible and quickly walk back to the classroom area. Students should walk and not run when going to the restroom.
3. All students should bring a bottle of water to class.
4. Students should wear a black leotard, black footless tights and/or black shorts, and rhythmic toe shoes to the class for workout. Solid color form fitting tank shirts and IRG&B shirts are also allowed. On cooler days, students may also wear or bring a warm sweatshirt or ideally a stretchy black top. No skirts or dresses.
5. Hair must be pulled back in a ponytail or a bun and all jewelry must be removed for class
6. Students should eat as necessary before class. Students may be allowed to eat during class or during the breaks. All food must be chewed and swallowed before the child returns to the carpets. Additionally, all food and trash must be cleaned up after the snack.
7. Students need to be respectful of both their instructors and classmates. During class, students must follow instructions. If a student misbehaves or is disrespectful to the teacher, their classmates or the equipment, she will be instructed to sit on the side of the carpet or in the bleacher area (a "time-out"). If the misbehavior continues, a student may be discontinued from that class or permanently discontinued.
8. Students need to be mindful that rhythmic equipment is being tossed in the air around them. For safety and courtesy sake, they need to be considerate of others when doing tosses and stay alert and out of the way of other students' equipment.
9. Students should not play with or hang on any volleyball nets or other equipment unaffiliated with the IRG&B Program in facility.
10. If students have a friend who is interested in attending a class, she may bring the friend for a free trial session. However, the friend's waiver must be signed by the friend's parent before class starts.
11. Parents should not ask instructors questions or talk to instructors once the official start time of the class has begun. This takes important instruction time away from all students. Parents may talk to instructors before and after the class.

(Initials) I have read the above and agree

SAFETY SPOTTING: I recognize and acknowledge that during the course of instruction, in order to achieve a proper body placement and correct training exercises, and to improve safety, the instructor assigned to the above child may touch the child while performing a "spot". A "spot" is the appropriate method to correct body alignment and maintain safety in the sports of gymnastics, dance, and tumbling, and is recognized as proper technique and practice.

(Initials) I have read the above and agree



ACKNOWLEDGEMENT

This Student Registration Form has been read by me in its entirety, completely understood and signed voluntarily to confirm that I expressly agree with each and all preceding statements. I am 18 years of age or older. This waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature _____ **Date** ___/___/___

Print Name _____ **Relation to Child** _____

USE OF LIKENESS

I give International Rhythmic Gymnastics permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against International Rhythmic Gymnastics with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Minors Name _____

Name _____
(Parent or Guardian, Please Print)

Signature _____

Date _____

When images are published International rhythmic gymnastics will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, email addresses, or phone numbers.



Student Registration Form

Emergency Contact And Medical Information For A Child

_____ Child's Name		_____ Date Of Birth		M	F
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and /or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
--	---------------

I release International Rhythmic Gymnastics and Ballet and individuals from liability in case if accident during activities related to International Rhythmic Gymnastics and Ballet, if normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
_____ Witness Signature	_____ Date





Student Registration Form

International Rhythmic Gymnastics & Ballet

Registration Form

Registration Date:

Student Info

Student Name :	Date of Birth	Grade	School Name :
Address:	City	State	Zip Code:
How did you hear about IRG&B	IRG&B Level :	Allergies or Medical Info	

Parent / Guardian Info (PLEASE MARK THE PHONE IN CASE OF EMERGENCY)

Parent/Guardian Name :	
Employer/Occupation:	
Home Phone:	
Cell Phone:	
Work Phone:	
E-MAIL:	

Parent/Guardian Name :	
Employer/Occupation:	
Home Phone:	
Cell Phone:	
Work Phone:	
E-MAIL:	

I freely and knowingly assume all risks incidental to participating in the International Rhythmic Gymnastics & Ballet (IRG&B) program during the _____ school year and I hereby waive any right, claim or course of action against IRG&B, its officers, directors, employees or agents, releasing them from any liability arising out of an injury, direct or indirect. I give my permission for my child to be photographed/ videotaped and to allow IRG&B to release said photos/ videos for publicity and fundraising purposes.

Parent/Guard

Signature: _____ Date: _____





Policy and Rules

International Rhythmic Gymnastics & Ballet

For competitive and precompetitive levels.

All choreographed routines and any music (in which the coach selects and prepares it for a student) are STRICTLY PROPERTY of IRG&B (International Rhythmic Gymnastics & Ballet).

If you are moving to other state, city or decide to leave or join any other school or club, you will not have the right to use IRG routines and music. Choreography of any new routines require extra time and individual attention to make a new routine to match your child's style , body shape .

New routines as well as music are property of IRG (International Rhythmic Gymnastics & Ballet), and cannot be used at any other schools, clubs, or at any competition/performances that associated with IRG&B .

Unless it is purchased and authorized by the coach upon leave.

All Costumes and Leotards it is a property IRGB.

___ Option 1

IRG can assist and help to our students to choose individual professional custom designed and tailored competitive

Leotard for performers and competitions .

If you would like to place in order

please Parents need to pay \$400 + shipping expenses (\$30)

(\$400 include leasing per 1 competitive season ,cleaning and repair)

if a gymnast relocated, or decide to leave or join to other school, gymnast need to return leotard to the IRG & B.

___ Option 2

If gymnasts would to purchase the Leotard , parents need to contact to the office to get more information about the cost .

___ Option 3

You can rent from IRG&B

Leotards from The existing stock

1 leotard

1 time competition \$70,

2 times completions \$130

3 times competitions \$200

For full competitive season 6 mouth (Winter season till June National) \$350

Thank you for your understanding and cooperation. _____