



NRGA MEMBERSHIP FORM

Form must be completed before the student can participate. Please notify us immediately of any changes. It is the parent's responsibility to re-register their student for every semester (Spring, Summer, and Fall) when NRG changes their schedule.

Student's Full Name: _____

Preferred Name: _____ Age: _____ DOB: ____/____/____

Parent/Guardian's Email(s): _____
Your email will be added to our email list. You will receive updates on important gym information such as closings, prorated tuition, etc.

Billing Address: _____
Address City State Zip Code

****PLEASE READ AND INITIAL BESIDE OUR MAIN POLICIES BELOW AFFIRMING THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THEM.**

FEES: A yearly **MEMBERSHIP FEE** is required for all students to participate in classes **starting at \$35** and resetting in January. Our membership fee schedule can be found on the website as we do offer pro-rates throughout the calendar year. The **INSTRUCTIONAL FEE** for the following month is due by the **25th of the current month** for recreational students to continue. Failure to pay by the 25th of the month (unless otherwise posted or authorized by the Manager) will result in a **\$10 late fee**. If payment is not received by the last day of the current month, we will automatically remove the gymnast from the role for the following month and any balance on their account will remain. We accept cash, check and Venmo payments. There is a cash and check discount which varies by payment. There is a \$25 returned check fee. Instructions for making payments can be found in our Rules & Policies document and on the website. Failure to follow the instructions when making payments can result in additional fees being added to your account. Over-payments will result in an account credit which continue to roll over until used. Open Gym and Private Lesson fees must be paid before or at the start of each session to participate. It is the sole responsibility of the parent/guardian to ensure payments are made on time for their gymnast, to communicate with the Manager any questions prior to due dates, and to stay updated on tuition changes.

INITIALS

NRGA DOES NOT ISSUE REFUNDS!

INITIALS

WITHDRAWING FROM CLASS: When registering, you are committing to monthly auto-enrollment for all months of a given semester (Spring/ January-May, Summer/ June-July or August, and Fall/ August-December). If you cannot complete the semester term for any reason, you must send email notification of the withdraw **ten days before the 1st of the upcoming month** to not be charged for the following month. You are responsible for paying for any and all classes the student attended or was scheduled to attend. NRG will automatically withdraw students with unpaid accounts unless payment plans have been discussed PRIOR with the Manager.

INITIALS

ADDITIONAL RULES: Additional rules and policies can be found in our Rules and Policies document on our website. I have read over this document and agree that my gymnast and I will abide by all rules and policies set by New River Gymnastics Academy. I understand rules and policies are subject to change.

INITIALS

RELEASE/ WAIVER: I am fully aware of and appreciate the risks of injury, possibly catastrophic injury, which may occur with sport related activities including gymnastics, tumbling, and cheerleading. I hereby release from liability New River Gymnastics Academy L.P. DBA Gymnastics World, and its employees, agents, officers, and directors regarding any and all injuries sustained by me/ my child during instruction classes at New River Gymnastics Academy, L.P. (NRGA) I certify that I am / the above student is in good health and able to participate in gymnastics, tumbling, or cheerleading activities. As the parent or legal guardian of the above student, or I being the registering student, I hereby agree to individually protect for the possible future medical expenses, which may be incurred by myself/my child as a result of any injury, sustained while training at, for, or under the direction of NRG staff. My child and / or I have read, understand, and agree to abide by the rules and policies set by NRG.

MEDICAL TREATMENT WAIVER: In the event that I / my child is injured or incapacitated while at New River Gymnastics Academy L.P. (NRGA), I authorize the employees, agents, officers, and directors to secure medical treatment. I fully understand the NRG staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby grant permission for NRG staff to provide temporary first aid to my child / me in the event of any injury or illness, and if deemed necessary by the NRG staff, to transport the student/ myself by ambulance to Watauga Medical Center in Boone, N.C. (336 Deerfield Road).

Signature or E-Signature of Parent/ Guardian/ Student (if over 18 years old)

Date Signed

PLEASE COMPLETE THE MEDICAL FORM ON REVERSE SIDE



NRGA MEDICAL FORM

Form must be filled out completely before student can participate. Please notify us immediately of any changes.

Student's Full Name: _____

Preferred Name: _____ Age: _____ DOB: ____/____/____

Student's Insurance Carrier: _____ Check If No Insurance

Describe any physical or psychological limitations, allergies, or any other pertinent information NRGA should be aware of. Also provide any specific instructions for our staff to better understand or help in regard to the student's limitations or any other special circumstances. NRGA reserves the right to require a parent/guardian to stay on site during class if deemed necessary.

Please check the boxes if your gymnast has any of the following Chronic ailments:

- 1) Respiratory Problems (i.e. asthma)
- 2) Circulatory/ Heart Problems:
- 3) Diabetes or Hypoglycemia:
- 4) Epilepsy:
- 5) ADD/ADHD

Other: _____

Further details on above information:

Physical/ Examination Information:

Has the student obtained a physical examination within the past 12 months? **YES** **NO**

What month and year was the last physical examination completed?

NRGA highly recommends all students obtain a physical examination within 12 months of participating. While the physical is not a requirement, by signing this form and allowing them to participate, you are acknowledging that you believe they are healthy enough to be involved in gymnastics related activities.

Parent/ Guardian Contact Information:

1) _____
Name Relationship Phone number

2) _____
Name Relationship Phone number

Additional Emergency Contacts:

1) _____
Name Relationship Phone number

2) _____
Name Relationship Phone number

3) _____
Name Relationship Phone number

I will keep New River Gymnastics Academy updated on any changes to the above information.

Signature or E-Signature of Parent/ Guardian/ Student (if over 18 years old)

_____/_____/_____
Date Signed

PLEASE COMPLETE THE MEMBERSHIP FORM ON REVERSE SIDE

Before signing, you are acknowledging you have reviewed our new policies and procedures regarding how our gym is handling the COVID-19/Coronavirus pandemic. By signing this document, you are agreeing you have read and agree to abide by our new policies and procedures. (POLICIES ATTACHED HERETO)

PANDEMIC WAIVER

New River Gymnastics Academy L.P DBA Gymnastics World is committed to minimizing the exposure to, spread and/or transmission of COVID-19 at our facility through the exercise of daily cleaning of the facility and social distancing of coaches and participants. However, due to the recent worldwide spread of COVID-19 and our inability to limit or control the action of others, including program participants, we are unable to guarantee that you or your child will not contract COVID-19 while in our facility.

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in programs and camps offered by New River Gymnastics Academy, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation in class, camp, and/or any other activity at our facility includes the possible exposure to and illness caused by infectious diseases, including but not limited to MRSA, influenza, COVID-19 and/or any other illness contracted through close proximity/contact with others and contact with contaminated surfaces. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I fully understand that New River Gymnastics Academy can in no way control, limit, restrict, or otherwise influence the actions of other participants, nor can New River Gymnastics Academy require testing and/or medical documentation as it relates to health and wellness of participants; and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, arising from close proximity contact with other participants and equipment they have come into contact with, and acknowledge I understand the risk of contamination and contraction of illness from other participants and coaches, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation as it regards protection against and spread of infectious diseases, including but not limited to:

WITHHOLDING OF ATTENDANCE if the participant or a household member of the participant knowingly has been diagnosed, in contact, symptomatic, quarantined, and/or is awaiting test results for any infectious disease in the past 14 days. THIS SHALL INCLUDE non-diagnosed symptoms in the event a participant is ill.

If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLESS, New River Gymnastics Academy, their officers, officials, agents, and/or employees, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct any activity related to participation at New River Gymnastics Academy, with respect to any and all illness, disability, and/or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT, AND ALL POLICIES SET BY NEW RIVER GYMNASTICS ACADEMY. I FULLY UNDERSTAND ITS TERMS AND CONIDITIONS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, THAT THIS WAIVER IS MADE WITH ADEQUEATE CONSIDERATION, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT AND/OR COERCION, AND THAT MY PARTICIPATION AT NEW RIVER GYMNASTICS IS A VOLUNTARY ACT WHICH INCLUDES THE RISK OF INJURY.

Printed Name of Participant

Printed Name of Parent/ Guardian

Signature/ E-Signature of Parent/ Guardian/ Participant (if over 18)

/ /
Date Signed

NRGA is subject to and required to enforce any and all mandates issued by the State of North Carolina. As such, policies adopted by NRGA may from time to time require update and amendment based up executive orders issued by the State of North Carolina and its response to COVID-19. NRGA is dedicated to preventing and reducing the spread of COVID-19 and other illnesses, however State mandated policies have been proven to be imperfect. By signing this document, you voluntarily and knowingly acknowledge that NRGA's policies may be subject to change in the future. NRGA will notify participants as early as possible of changes that may occur to the current policy. Participants hereby agree to abide by current and potential future changes to NRGA's policies in order to participate in NRGA activities.

New River Gymnastics Academy Current Covid-19 Procedures

1. Temperature Checks

- a) Everyone entering the gym to stay will have their temperature checked. Temperature checks will not be required for those entering to drop off or pick up a gymnast or making a payment.
- b) No one will be admitted with a temperature of 100.4 or above.

2. Masks

- a) Masks are optional for everyone in the gym.
- b) Coaches will wear a mask if it is requested for a Private Lesson.

3. Arrival/Departure

- a) To avoid congestion, parents and gymnasts must wait in their car or outside until approximately 5 minutes before their scheduled start time of the class.
- b) All parents and gymnasts will enter through the main door of the gym, check their temperature, and then proceed to the observation area to wait.
- c) Parents entering to watch should conduct their own temperature check with our wall thermometer and assist their gymnast with their temperature check. Coaches will assist gymnasts entering by themselves.
- d) Parents do not have to enter with their gymnast at the start of class unless they are under the age of 6, but all parents need to come inside for pick up. Please maintain social distancing.
- e) Prompt drop off and pick up is crucial for us to be able to adhere to our temperature check policies and cleaning schedule.
- f) Gymnasts are encouraged to sanitize their hands upon entry to the main floor.
- g) The observation area has limited seating. Please give priority to those with students under 6 or who need a parent present for class.

4. General

- a) Do not come to class if your gymnast, anyone in the household, or anyone you have been in direct contact with has experienced any Covid-19-like symptoms in the past two weeks. Please do not come to class if your gymnast, anyone in the household, or anyone you have been in contact with is awaiting Covid-19 test results or has received a positive Covid-19 test within the last two weeks.
- b) For contactless payment, please drop tuition off in our locked black mailbox outside the main door, mail in your payment or use Venmo. We will still have our tuition box inside if you choose to come inside.
- c) Policies are subject to change at any time.

Printed Name of Participant

Printed Name of Parent/ Guardian

Signature or E-Signature of Parent/ Guardian/ Participant (if over 18)

/ /
Date Signed