



**Gymnastics Beat, Inc.**  
**5620 W. Barstow #103 Fresno, CA 93722 Ph :( 559) 271-9400**  
**“10 Years Serving the Central Valley!”**  
**2003-2013**



Parent/Legal Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact Name & Phone \_\_\_\_\_  
 Person Responsible for Account/Billing \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Billing address \_\_\_\_\_ Phone \_\_\_\_\_

<p><b>Student 1</b></p> <p>Name _____</p> <p>D.O.B. ___/___/___ Age _____ M / F</p> <p>School: _____</p> <p align="center"><b>Health History (please check all that apply)</b></p> <p>Allergies ___ Asthma ___ Diabetes ___ Convulsions ___</p> <p>Epilepsy ___ Heart Disease ___ Frequent Ear Infections ___</p> <p>Frequent Headaches ___ Hearing or Sight Impairment ___</p> <p>Allergic to insect stings ___ EpiPen _____</p> <p>Food Allergies _____ On medication regularly _____</p> <p>Learning Challenge _____ Physical Challenge _____</p> <p>Does this student have any present physical or other limitations or restrictions? If so, please explain: _____</p> <p>_____</p> <p align="center">*****For Office Use Only*****</p> <p>Class _____</p> <p><input type="checkbox"/>POWER <input type="checkbox"/>Camp <input type="checkbox"/> Class <input type="checkbox"/>Private <input type="checkbox"/>Open Gym</p>
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<p><b>Student 2</b></p> <p>Name _____</p> <p>D.O.B. ___/___/___ Age _____ M / F</p> <p>School: _____</p> <p align="center"><b>Health History (please check all that apply)</b></p> <p>Allergies ___ Asthma ___ Diabetes ___ Convulsions ___</p> <p>Epilepsy ___ Heart Disease ___ Frequent Ear Infections ___</p> <p>Frequent Headaches ___ Hearing or Sight Impairment ___</p> <p>Allergic to insect stings ___ EpiPen _____</p> <p>Food Allergies _____ On medication regularly _____</p> <p>Learning Challenge _____ Physical Challenge _____</p> <p>Does this student have any present physical or other limitations or restrictions? If so, please explain: _____</p> <p>_____</p> <p align="center">*****For Office Use Only*****</p> <p>Class _____</p> <p><input type="checkbox"/>POWER <input type="checkbox"/>Camp <input type="checkbox"/> Class <input type="checkbox"/>Private <input type="checkbox"/>Open Gym</p>
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I hereby enroll the above named student(s) in Gymnastics Beat, Inc. I recognize that any activity involving height or motion can create the possibility of injury. I also understand that gymnastics, acrobatics, urban gymnastics, and cheerleading are inherently dangerous activities and that injury, or even death, may occur. I waive and release any and all injuries and damages suffered by enrollees in connection with the program. If for any reason, I myself enter the gym areas, I waive and release any and all injuries and damages suffered as a result. My signature is my indication that I have read, understand, and agree to comply with all the rules, regulations, and policies of Gymnastics Beat, Inc.

I also understand the make-up policy regarding enrolled students. I understand if the above named student(s) are absent for three consecutive weeks, and tuition payment has not been received, and Gymnastics Beat, Inc. has not been notified, the reserved class day and time for the student(s) will be forfeited. In an effort to maintain the integrity of these programs, Gymnastics Beat, Inc. reserves the right to terminate any student's enrollment at any time. My signature is my indication that I have read, understand, and agree to comply with all the rules, regulations, and policies of Gymnastics Beat, Inc.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date \_\_\_/\_\_\_/\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_ Taken By \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Class Fee \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Cash / Credit Card / Check# \_\_\_\_\_  
 Camp Fee \_\_\_\_\_ Full Day Half Day Full Wk 1/2 Day Wk

**MEDICAL AUTHORIZATION ON REVERSE SIDE MUST BE COMPLETED.**



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This is to certify that I, \_\_\_\_\_ (parent/legal guardian) am the parent or legal guardian of \_\_\_\_\_ (student’s name). I understand that gymnastics, acrobatics, and cheer are skills learned under the direction of trained professionals and therefore should only be practiced in an appropriate setting with proper supervision. I hereby give consent to the coaches and staff of Gymnastics Beat, Inc. to obtain medical care from any licensed physician, hospital, or clinic, for the above mentioned student(s), for any injury that might arise during participation in the programs of Gymnastics Beat, Inc.

Primary Insurance Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Is this a returning student? \_\_\_\_\_ If not, and this is a new enrollment, whom may we thank for referring you?

Friend’s Name: \_\_\_\_\_ Family’s name: \_\_\_\_\_

Advertising: \_\_\_\_\_ Other: \_\_\_\_\_

Will this student be transported to/from class by someone other than the parent or legal guardian? \_\_\_\_\_

If so, please provide the name(s) of those authorized to pick up your student(s) \_\_\_\_\_

Occasionally we may use student’s names and images from our programs in marketing and promotional materials. May we use your student’s image and/or name in our marketing materials? \_\_\_\_\_

If yes, please print and sign your name here: \_\_\_\_\_

**Please be advised as to some of our policies and rules:**

- We appreciate your cooperation in maintaining a clean facility. Please refrain from smoking inside the building or within 20 feet of the entrances/exits.
- Please park in designated parking stall or alongside the main street. Do not park along the curb behind parking stalls.
- No food or drink is allowed on the gym floor.
- For the safety of your child, please be on time when dropping off and picking up your child. All children should wait inside the building for their ride.
- If a student is absent for more than three consecutive weeks, payment has not been received, and the facility has not been notified, your time slot will be forfeited.
- GymBeat’s monthly rates are based on reserving a spot in a class, not class attendance. Therefore, we cannot prorate monthly class rates for returning customers based on attendance.
- Sibling discounts apply only when tuition is paid in full within the first week of the session.
- Registration is due annually. Registrations fees are non-refundable.
- There is a \$25.00 service charge on all returned checks.
- If your child is sick please keep them home. We will be happy to schedule them a make-up.

**Make-Up Policy:**

- Students are allowed to schedule a make-up for ONE missed class per month.
- Make-ups should be scheduled in advance.
- Make-up classes are available on a variety of days/times.
- All make-ups must check in at the front desk.
- Unscheduled make-ups may be turned away based on if space is available in the class.
- Missed classes have no cash value, and therefore will not lower a student’s tuition or be refunded.
- Camp- No make-ups permitted.

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\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date