

ENROLLMENT/EMERGENCY CARD

BROADWAY GYMNASTIC SCHOOL

5433 Beethoven Street • Los Angeles, CA 90066 • (310) 302-0035 • Fax (310) 302-9199

DAY _____ **TIME** _____ **CLASS** _____

Date: _____

M F ()

Student's Last Name (Please Print) _____ First _____ Middle _____ Age _____ Primary Contact Phone Number _____

Street Address _____ City _____ State _____ Zip _____ Birthdate (Month/Day/Year) _____

Please check appropriate box: Student living with: Both Parents Both Parents (separate households) Mother only Father only Guardian

Parent or Guardian's Name _____ Relationship to Child _____ Parent Cell Number _____

Place and Type of Business _____ Address _____ Work Phone _____

Parent or Guardian's Name _____ Relationship to Child _____ Parent Cell Number _____

Place and Type of Business _____ Address _____ Work Phone _____

School and Grade child is presently attending _____ Parents E-mail _____

When Parents or Guardians cannot be reached, Broadway Gymnastic School may release my child to:

Name and relationship to child _____ Home Phone _____ Cell Phone _____

Name and relationship to child _____ Home Phone _____ Cell Phone _____

PLEASE READ, COMPLETE ALL INFORMATION AND SIGN THIS CARD

Please contact family doctor in case of emergency:

Doctor's Name _____ Phone _____ Name & Policy number of your Insurance Company _____

BGS POLICIES:

1. Broadway Gymnastic School (BGS) is not responsible for articles of clothing or personal belongings brought onto the premises if such articles are lost, stolen, or damaged by fire, flood, earthquake or any natural disaster, or otherwise damaged or destroyed.
2. If no parents or other guardian shall be available while a student is at BGS, BGS should be advised where and how a parent or guardian can be contacted if needed.
3. I am aware that BGS and its staff will make every effort to protect their students and customers from the spread of COVID-19. BGS staff will do its best to maintain the prescribed 6' social distancing between individuals as per the recommendations by the CDC. I further understand that even in their best efforts, incidental contact between students may occur. In addition, the staff will continue to physically assist (spot) my child when necessary as a normal safety precaution. I understand and agree that this is an accepted process of teaching skills and I permit my child to be assisted by means of spotting. In the event of an accident or injury, I agree to direct assistance.
4. If medical or surgical emergencies occur, we hereby give permission to the physician and hospital selected by BGS to take appropriate steps on behalf of the student to do all things necessary to protect the student's health and well-being.
5. We hereby consent to the use of any picture/video of students for advertising or promotional purposes in accordance with USAG Safe Sport Policy.
6. I am/my child is in good health and has no health problems that may be detrimental to my/his or her participation in gymnastics or other BGS activities.
7. I/we are fully aware of, and appreciate the risk of injury, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in gymnastics programs at BGS, including camp programs such as swimming, group sports and other activities which will be carried on at BGS. I/we understand that this risk includes use of the locker room, any other rooms on the premises, parking area, sidewalk or any equipment in the gym. I/we assume full responsibility for the safety and well-being of my/our self/child while at BGS or participating in its activities, or while being transported. I/we hereby agree on behalf of myself (and our personal representatives, heirs, executors, administrators, agents and assigns) to indemnify, defend, release and hold harmless BGS (and its affiliates, officers, employees, agents, representatives, successors and assigns) from any and all claims, costs and expenses, (including attorney's fees) or other damages or injuries of any sort which may be incurred or arise out of preparation for or participation in any activities. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of a) use of any equipment or facilities which may malfunction or break, b) BGS' improper maintenance of any equipment or facilities, c) BGS' negligent instruction or supervision, and d) slipping and falling while in the facility or on the premises. I/we acknowledge that I/we have carefully read this Waiver and Release and fully understand that it is a release of liability. I/we are waiving any right that I/we may have to bring a legal action to assert a claim against BGS.

8.	Please list any injuries in the past year. Description: _____	Date: _____
9.	List any special needs, medical considerations, medications, allergies, etc.; if none, please write "NONE". _____	

10. Parents and/or guardians understand that students and/or visiting children shall not use any BGS equipment without coach supervision including before and after classes. I have explained this rule to my child. BGS assumes no liability for unsupervised use of equipment.
11. It is the responsibility of parent and/or guardian to keep the information on this card current and updated at all times. Any changes must be made in writing.
12. I understand there are no tuition refunds or credits.
13. BGS reserves the right to terminate services based on behavior that poses a risk to the safety or well-being of any BGS staff, volunteer, participant or client. I/we have read and understand the Broadway Gymnastic School Policies and agree to all of its provisions:

Signature _____ Please Print Name and Relationship to Student _____ Date (Month/Day/Year) _____