



Owego Gymnastics and Activity Center

Dance Classes Registration Form September 2020 – August 2021



You must have completed this **NEW registration form** to participate in classes at Owego Gymnastics and Activity Center
(YOU MUST SIGN THE WAIVER)..

Registration fee of \$35 single \$55 family in county. \$40 single \$60 family out county must be paid to be registered.

MAIL TO: Owego Gymnastics & Activity Center 748 State Route 38 Owego, NY 13827 or Email: owegogymnastics@gmail.com

Buttercups (3 Years & up) **Sunflowers** (8 Years & up) **Roses** (9 Years & up) **Tumbleweeds** **Orchids**

NAME OF STUDENT(s): (You may use one registration for more than one class or child, please fill out below)

LAST NAME _____

FIRST NAME _____

BIRTHDATE: _____ GENDER: MALE FEMALE

CLASS _____ DAY _____ TIME _____

LAST NAME _____

FIRST NAME _____

BIRTHDATE: _____ GENDER: MALE FEMALE

CLASS _____ DAY _____ TIME _____

CHILD'S MAILING ADDRESS _____

PRIMARY PHONE: () _____

CITY, STATE, ZIP _____

COUNTY _____

GUARDIAN 1 NAME: _____

GUARDIAN'S PRIMARY PHONE: () _____

GUARDIAN'S PLACE OF EMPLOYMENT _____

GUARDIAN 2 NAME: _____

GUARDIAN'S PRIMARY PHONE: () _____

GUARDIAN'S PLACE OF EMPLOYMENT _____

E-MAIL ADDRESS _____

(If email supplied, and kept updated, we will send information on the Center via email)

In case of emergency, please contact: (This should be someone other than parents.)

NAME: _____ PHONE: () _____

Does your child(ren) have any medical or physical conditions, restrictions, or allergies that we should be aware of?
YES or NO (if yes please explain on back)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT INCLUDING COVID-19

I, _____, parent /guardian of _____, hereby give permission for said son/daughter to participate in classes at Owego Gymnastics and Activity Center. I understand that dance involves movement of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of emergency.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death... By entering Owego Gymnastics & Activity Center, you voluntarily assume all risks related to exposure to COVID-19.

I am aware that while dance involves incidental contact with other children and staff. OGAC programs are operating in a social and physical distancing environment but even with best efforts and intentions there will be times when the children will breach the prescribed (currently 6') distancing recommendation. In addition, our staff will physically assist/spot when they believe that this would improve safety, and will also provide assistance in the event of an injury. I understand and agree that physical assistance/spotting will be a part of the process at OGAC and I agree to permit the OGAC staff to physically assist my child whenever they believe this assistance is needed.

I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and have read and agree to follow the Parent/Guardian Responsibilities. I intend this statement to take effect as a sealed instrument.

Signature of Parent or Guardian: _____

Date: _____

Form Media Recording I grant permission to Owego Gymnastics and Activity Center to use the image of my child, _____, in materials that include, but may not be limited, to brochures and newsletters including streaming of classes. **Yes/No (Absence of signature or circled yes/no is acceptance of release)**

Parent/Guardian signature _____

Date _____

HELP SUPPORT OWEGO GYMNASTICS AND ACTIVITY CENTER - WE ARE A NOT-FOR-PROFIT ORGANIZATION
FUNDED PARTIALLY BY THE UNITED WAY