



Registration Form

Parent / Legal Guardian Information

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Emergency Contact Name _____ Phone _____

Student Information

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Enrollment Date / (Trial Class Date) _____

If any of the above information changes, please provide the updated information to Chicago Rhythmics.



Policies and Rules

- It is our highest priority to keep our students happy, healthy, proud, and satisfied with their training at Chicago Rhythmics. Please do not hesitate to discuss any questions or concerns you may have regarding your child's experience at Chicago Rhythmics by sending us an email to: info@chicagorhythmics.com.
- To ensure that a child's spot in the session/class is reserved - please submit payment on time (no later than one week prior to the start of the upcoming session). Only gymnasts current with all payments are allowed to participate in the session/class. Please refrain from bringing a child to class if any payments for session/class are outstanding (the child will be sent back with the parent/caregiver, or can only observe the class).
- All communications are through email (announcements, start of the new session, competitions, holidays/days off, etc). Please provide a valid email which is frequently checked to not miss important information.
- Please do not bring your child to class if the child, or anyone in the household, has a cold, or symptoms of an illness of any type, including potential symptoms that may be similar to those of Covid-19.
- Parents must ensure their child is dressed appropriately, including proper hair, for every class. For both safety and aesthetic reasons, hair must be up, and loose clothing is not allowed. Our recommendation is for students to wear a leotard/fitted t-shirt and leggings, and socks (for beginners) or toe shoes (for pre-team & team). No tutus, attached skirts, and no tights. Hair must be neatly done, and away from the face (preferably in a bun).
- Please refrain from being late. Showing up late distracts the class and will not provide the gymnast a proper warm up, which makes participation in class unsafe. Gymnasts late more than 15 minutes are not permitted to participate in the class (child will be sent back with parent/caregiver, or if the preference is to stay - can only observe the class).
- Please enter the gymnastics room no earlier than 5 minutes before the start of the class.
- Parents/caregivers must drop off and pick-up their child directly in the facility - no children are allowed in the parking lot alone without parental/caregiver accompaniment.
- During class, parents are not permitted in the gymnastics area with their child/children (with the possible exception of the first trial class). An observation window is provided for your convenience. When observers are present in the gymnastics area during a trial class, please do not call or wave to your child, do not talk on the phone, or to each other, and if you have a crying/noisy sibling with you, please remain outside of the gym. These behaviors cause distractions to both the children and coaching staff. To ensure the safety of all participants, no flash photography or videotaping is permitted (feel free to take photos or videos without flash).
- Remember to encourage your child to use the bathroom prior to the start of the class, to minimize restroom traffic, which causes a class interruption.
- To maintain the training area cleanliness - no street shoes are permitted on the carpets. This applies for all - participants and visitors alike (parents, siblings, caregivers, etc.).
- No food or drinks are permitted in the gymnastics area (only a bottle of water is allowed, and is to be kept outside of the carpet area).
- Please have your child bring a prefilled water bottle to class (to minimize class interruptions due to trips to the water fountain).



- Explain to your child why it is important to follow all of the coach's instructions, both for safety concerns and the progressive improvement of skills.
- Please review the Gymnast Code of Conduct with your child.

Gymnast Code of Conduct

- At all times, it is important to treat your fellow gymnasts with respect and kindness.
- Always treat all equipment with care and respect.
- Show respect to your coaches, and follow all of their instructions.
- Always first ask your coach for permission to leave a training session (bathroom, water break, etc.).
- Take your training seriously, and do your best to improve your skills.
- Enjoy every moment of becoming a better gymnast on the way to your dreams, even if it is challenging.



Makeup Policy

Registration and payment to Chicago Rhythmics reserves a student's place in the session, regardless of attendance. Session prices will not be prorated, refunded, or credited for missed classes, as our cost for space rental and coaching fees does not change based upon the number of children attending class. As a courtesy to our parents and students, Chicago Rhythmics allows a single make up class per session, based upon prior arrangement with the coach, and within that current session, only for students currently registered within the program and attending the current session.



Photo & Video Release Agreement

Chicago Rhythmics has my permission to use my or my child(ren)'s photographs and/or video recordings publically for promotion in its publications, advertising or other media activities, including the Internet. I understand that the images and/or video recordings may be used in print publications, online publications, presentations, websites, and/or social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I also understand and agree that I or my child(ren) may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings. I waive the right to approve the final product, and I agree that all such content, and any reproductions thereof, are and shall remain the property of the Chicago Rhythmics.

I hereby release, acquit and forever discharge Chicago Rhythmics, its directors, its employees, its agents, its volunteers and/or its assigns from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I understand and agree that this Photo & Video Release Agreement is binding on me, my child(ren), our heirs, assigns, and personal representatives.

Parent's / Legal Guardian's Printed Name _____

Signature _____ Date _____



Medical Authorization Agreement

This Agreement acknowledges that I, the undersigned, as parent or legal guardian of the below named child(ren), fully recognize the potentially hazardous nature of the sport of Rhythmic Gymnastics and that participation may involve risk of serious injury, illness, paralysis, or death. In the event of such an injury to my child(ren), and I (or my spouse or legal guardian) cannot be contacted per the information provided on the signed Registration Form, I give permission to qualified and licensed EMTs, physicians, paramedics, certified athletic trainers, and/or other medical or hospital personnel to render such treatment as necessary. My signature fully releases Chicago Rhythmics, its directors, its employees, its agents, its volunteers and/or its assigns from any personal injuries caused by or having any relation to this activity. I understand that this Agreement applies to any present or future injuries or illnesses, and that it binds my heirs, executors and administrators.

I agree to be financially responsible for the cost of any medical care provided to my child(ren) under this Authorization Agreement. If any of the below information changes, I agree to provide the updated information to Chicago Rhythmics.

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Known Allergies _____

Special Medication, Blood Type, or Other Pertinent Information _____

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

I understand that this form involves a release of legal rights, and I have read and fully understand this Medical Authorization Agreement and I voluntarily sign my name in agreement.

Parent's / Legal Guardian's Printed Name _____

Signature _____ Date _____



Release & Waiver of Liability Agreement

I consent to my child(ren)'s participation in all activities conducted by Chicago Rhythmics, and acknowledge that my child(ren)'s participation may involve the risk of serious injury, illness, paralysis, or death, including injuries that may result from my child(ren)'s own actions, inactions, or negligence, and also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted. Knowing and understanding the risks involved with participation in the activity, including risks that may be unknown to me, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, paralysis, and death resulting from mine and my child(ren)'s participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my child(ren)'s participation in the activity.

In consideration for my child(ren)'s participation in the activity, I hereby release from liability and waive all claims or causes of action, including ordinary negligence, against Chicago Rhythmics, its directors, its employees, its agents, its volunteers and/or its assigns arising out of my child(ren)'s participation in the activity wherever, whenever, or however the same may occur, and agree and promise not to sue Chicago Rhythmics, its directors, its employees, its agents, its volunteers and/or its assigns. I understand this Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Illinois and agree that if any portion is held invalid, the remainder of the Waiver will continue in full force and effect. I further agree that the venue for any legal proceedings shall be within the State of Illinois.

Chicago Rhythmics, its employees, its agents, its volunteers and/or its assigns will not accept responsibility for injuries sustained by any child or adult during the course of gymnastics, tumbling, stretching, and/or gym workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate in any activities affiliated with Chicago Rhythmics.

I agree to hold the Chicago Rhythmics harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of mine or my child(ren)'s participation in this activity, including travel to, from and during the activity. If Chicago Rhythmics incurs any of these types of expenses, I agree to reimburse Chicago Rhythmics. If I or my child(ren) needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I fully understand that Chicago Rhythmics coaches and staff are not physicians or medical practitioners of any kind, and hereby release the Chicago Rhythmics coaches and staff to render temporary first aid to my child(ren) in the event of any injury or illness, and, if deemed necessary by the Chicago Rhythmics coaches and staff, to call a doctor or seek medical help, including transportation by a Chicago Rhythmics coach or staff member and/or its representatives, whether paid or volunteer, to any health care facility



or hospital, or the calling of an ambulance for said child(ren) should the Chicago Rhythmics coaches and/or staff deem this to be necessary.

I also understand it is the parents' responsibility to warn and educate their child(ren) regarding the dangers of gymnastics, and the risk of potential injury.

I, my executors or other representatives, waive and release all rights and claims for damages that I or my child(ren) may have against Chicago Rhythmics and/or its representatives, whether paid or volunteer.

I acknowledge that this Waiver may be used by the event holders, sponsors, and organizers of any activity in which I or my child(ren) may participate, and that it will govern their actions and responsibilities at said activity.

I acknowledge that Chicago Rhythmics, its directors, its employees, its agents, its volunteers and/or its assigns are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand that this form involves a release of legal rights, and I have read and fully understand this Release & Waiver of Liability Agreement and I voluntarily sign my name in agreement. Further, no other representations concerning the legal effect of this document have been made to me.

Parent's / Legal Guardian's Printed Name _____

Signature _____ Date _____