



# Chicago Rhythmics

## COVID-19 Safety Guidelines

- Please do not bring your child/children to class if the child, or anyone in your household, has a cold, or symptoms of an illness of any type, including potential symptoms that may be similar to those of COVID-19.
- Children's temperature will be measured with a no-touch thermometer before entering the building. Participants with a fever unfortunately cannot take the class and will be sent home with their parent/caregiver.
- Upon arrival please maintain social distance of 6 feet at all times.
- Only participants (without parents/caregivers) may enter the facility, and only after the coach has met them at the front door. Please arrive 5 minutes prior to the start of class (and not earlier).
- Participants must leave the facility when the class is complete, and parents/caregivers must wait for their children outside of the facility.
- Face coverings/masks are required in the facility. During the class, face covers/masks should be worn at all times, though exceptions are made for gymnastics activities in which the face covering/mask may pose an injury risk by accidentally covering the eyes or causing a lack of visibility (per the published American Academy of Pediatrics guidelines). Coach spotting during the class will be minimized, but if spotting will be necessary, both the student and coach are required to wear face coverings/masks.
- Frequent usage of hand sanitizer and/or sanitizer wipes are highly recommended.
- During the class, cleaned mats along with other rhythmic gymnastics equipment will be provided, but participants are also allowed to bring their own equipment if preferred.
- Encourage your child/children to use the bathroom at home prior to class to reduce restroom traffic.
- The water fountain is unavailable; please bring a pre-filled water bottle for the class, if needed.

**Thank you for your patience and continued support!  
We are very excited to restart our program and see each other soon!**

\*Please note, these guidelines are subject to change



## 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.



## Code of Conduct

### **Parent Code of Conduct**

1. We are working hard to make classes fun and enjoyable for all of our students. Even though the sport of Rhythmic Gymnastics is very beautiful, elegant, and entertaining to watch, it is at the same time difficult and dedicated work, and is not suitable for every child's temper, character or physical nature. If for any reason your child does not want to participate in classes or is not enjoying the class format, please do not force them.
2. It is beneficial to encourage your child to train by explaining why the sport of Rhythmic Gymnastics is good for them, introducing them to the history of the sport and describing fun and positive sides of the exercises - being proud of their small achievements provides great positive reinforcement.
3. Explain to your child why it is important to follow all of the Coach's instructions, both for safety concerns and also for improving their Rhythmic Gymnastics skills.
4. Always bring your child on time for practices, performances, and competitions.
5. Parents must ensure their child is dressed appropriately, including their 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 and leggings, socks (for beginners) or Rhythmic Gymnastics half toe shoes (for Levels 1 and above), and hair preferably in a bun.
6. Parents must ensure that their child's health appropriately allows them to take classes and participate in gymnastic activities. Any child with a contagious sickness should refrain from training, both to heal and recover, and also to not possibly expose and infect others. If your child has any other adverse conditions or symptoms (diarrhea, stomach ache, headache, etc.), please allow the gymnast at least 24 hours of rest at home prior to attending class.
7. To ensure your child's spot in an upcoming session is reserved, please submit payment on time - one week prior to the start of a new session is ideal.
8. It is one of our highest priorities 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.
9. Please review the Gymnast Code of Conduct with your child.

### **Gymnast Code of Conduct**

1. At all times, it is important to treat your fellow gymnasts with respect and kindness.
2. Always treat all equipment with care and respect.
3. Show respect to your Coaches, and follow all of their instructions.
4. Always first ask your Coach for permission to leave a training session (bathroom, water break, etc.).
5. Take your training seriously, and do your best to improve your skills.
6. Learn not to complain while stretching during class. Flexibility is one of the important skills of Rhythmic Gymnastics and it is not possible to improve without stretching. 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. The makeup class must be preapproved by a Coach to ensure there is availability in the class, as our small gymnast to coach ratio is important to Chicago Rhythmics.



## 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 \_\_\_\_\_