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Girls Incorporated®
Of Greater Santa Barbara

Gymnastics Program Registration Application

Inspiring all girls to be strong, smart, and bold℠

Member (s) Information **Email**:_____ Today's Date___/___/___

Child #1: (First, Middle, Last) _____ Birth Date___/___/___ Age_____

Child #2: (First, Middle, Last) _____ Birth Date___/___/___ Age_____

Child #3: (First, Middle, Last) _____ Birth Date___/___/___ Age_____

Address:_____City:_____State:_____Zip:_____

Home Phone:_____ School:_____ Grade:_____ Home Language:_____

Ethnic Group (circle): White Blk Asn Am Ind Multiracial (specify races)_____Other_____
Is your child of Hispanic origin? YES NO

Parent/Guardian Information

Name:_____Relationship:_____Cell :_____Work:_____

Place of Work:_____Occupation:_____

Name:_____Relationship:_____Cell:_____ Work :_____

Place of Work:_____Occupation:_____

Emergency Contact: (Other than parents)

Name:_____Relation_____Phone:_____

Household: (We are asked to report this information each year- it will stay confidential).
Approximate annual income (circle): Under $10,000 $10,000 - $15,000 $15,000 - $20,000 $20,000 - $25,000
$25,000 - $35,000 $35,000 - $50,000 $50,000 - $75,000 $75,000 – $100,000 Over $100,000

Member lives with (circle): Two Parents Mother Only Father Only One parent at a time (joint custody) Neither Parent
If Joint custody, please explain: _____

Girls Incorporated Greater Santa Barbara

I hereby give permission for my child to become a member of G.I. Gymnastics. I understand that Girls Incorporated and its personnel are not responsible for personal injury or loss of property. It is understood, however, that my child is insured against injury while taking part in Girls Incorporated activities. I give consent to her/him being examined and treated by a physician or hospital at any time the management of Girls Incorporated thinks it is necessary.

Signature (Parent or Guardian) X_____ Date:_____

- **I understand that registration is not complete, and that my child's space in a class will not be reserved until full payment is received. _____(Initial).**
- **Participation in a trial class does not reserve your space in a class. _____ (Initial).**

----------FOR OFFICE USE ONLY----------

CHILD #1:	**Class:**	**Trial Y/N**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Coach:**
CHILD #2:	**Class:**	**Trial Y/N**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Coach:**
CHILD #3:	**Class:**	**Trial Y/N**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Coach:**

Payment: Ck- #_____ Cash Visa Mastercard Amount:_____ Start Date: _____

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Gymnastics Program
Medical Form

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HEALTH HISTORY INFORMATION:

Child # 1 : _____ DOB: _____	Child # 2 _____ DOB: _____	Child# 3 _____ DOB: _____
IS CHILD SUBJECT TO:	**IS CHILD SUBJECT TO:**	**IS CHILD SUBJECT TO:**
Muscle Sprains/ Strains YES NO	Muscle Sprains/ Strains YES NO	Muscle Sprains/ Strains YES NO
Fainting Spells YES NO	Fainting Spells YES NO	Fainting Spells YES NO
Convulsions/Epilepsy YES NO	Convulsions/Epilepsy YES NO	Convulsions/Epilepsy YES NO
Cramps YES NO	Cramps YES NO	Cramps YES NO
Allergies YES NO	Allergies YES NO	Allergies YES NO
DOES CHILD HAVE OR EVER HAS HAD? :	**DOES CHILD HAVE OR EVER HAS HAD? :**	**DOES CHILD HAVE OR EVER HAS HAD? :**
Heart Trouble YES NO	Heart Trouble YES NO	Heart Trouble YES NO
Broken Bones YES NO	Broken Bones YES NO	Broken Bones YES NO
Asthma YES NO	Asthma YES NO	Asthma YES NO
Lung Trouble YES NO	Lung Trouble YES NO	Lung Trouble YES NO
Sinus Trouble YES NO	Sinus Trouble YES NO	Sinus Trouble YES NO
Appendicitis YES NO	Appendicitis YES NO	Appendicitis YES NO
Has appendix been removed? YES NO	Has appendix been removed? YES NO	Has appendix been removed? YES NO
Surgery of any kind? YES NO	Surgery of any kind? YES NO	Surgery of any kind? YES NO
Nurse maids elbow YES NO	Nurse maids elbow YES NO	Nurse maids elbow YES NO

Please Explain "YES" answers:

_____

LIST ANY ALLERGIES, DIETARY RESTRICITIONS, OR DRUG REACTIONS:

_____

LIST ANY PHYSICAL DISABILITIES THAT MAY LIMIT CHILD'S ACTIVITIES AT GIRLS INC.: (eye sight, hearing, speech, paralysis, diabetes, ulcer, etc)

_____

PLEASE LIST ALL MEDICATIONS THE CHILD IS PRESENTLY TAKING:

Name of Medication	Dosage	Times Taken	Prescribing Doctor

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have medical insurance? ☐ YES ☐ NO Name of Provider _____

Does your child have dental insurance? ☐ YES ☐ NO Name of Provider _____

MEDICAL RELEASE (Please read carefully)

I, the undersigned, hereby give permission for my child to be given medical treatment by a physician, dentist or qualified attendant at an emergency room, in case of injury or any situation that would require medical attention during or by reason of the Girls Incorporated program or excursions. It is understood that a conscientious effort must be made to notify my spouse or myself before such action is taken but if it is impossible to locate me, the expense of this service will be accepted by me. In the event that such medical treatment is necessary, I agree to release Girls Incorporated of Greater Santa Barbara from any liability in connection with such medical treatment.

SIGNATURE OF PARENT/GUARDIAN_____**DATE** _____

PHONE NUMBERS: WORK_____**HOME** _____**CELL**_____

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ADMISSIONS AGREEMENT

Release of Liability/Waiver of Liability

Assumption of full responsibility for all risks of bodily injury, death, or damages: As a parent or legal guardian of _____ (your child's name) I hereby consent to his/her participation in or all the programs offered by Girls Inc. Gymnastics. I understand that participation in gymnastics, trampoline, dance, and any and all other activities at Girls Inc. Gymnastics may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and sever injuries such as paralysis or even death. Various factors & causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by Girls Inc. Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Girls Inc. Gymnastics, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against Girls Inc. Gymnastics or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. Gymnastics or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Girls Inc. Gymnastics. I, hereby release Girls Inc. Gymnastics and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future.

Should any part of parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

Parent/Guardian Signature: _____ **Date:** _____

Registration: Registration for classes is on a first come first serve basis. Once you are enrolled you will be automatically registered for the same class for each additional session thereafter. Registration fees are charged upon initial registration and collected once each calendar year. There is no registration fee for winter, spring, or summer camps_____ **(initial)**

Payments: All payments are due the 1st week of the 4 week session. A child may be dropped from their class if payment is not received by the 1st week of the session. Payments for camps are due upon registration and spaces will not be reserved until payment is received._____ **(initial)**

Refunds and Credits: Refunds and credits will not be given for the days that child(ren) are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for you child even when your child is absent. Parents must contact the Gymnastics Director to request exception for this policy based on emergency situations. _____ **(initial)**

Drop Policy: Written notice submitted a minimum of one week prior to a new session beginning is required to drop a class with out being charged. Any child who drops without written notice will be charged a $15.00 Re-Enrollment Fee. A child who has not attended class for two consecutive weeks and has an unpaid account will be dropped for non-payment, and will be charged a re-enrollment fee. _____ **(initial)**

Late Pick-Up: For each ten minutes or portion thereof that you pick up your child past the end of his/her gymnastics class or camp you will be charged $5. In addition, after thirty minutes we are required to contact the local police. Please initial that you understand this policy. _____ **(initial)**

Discipline Policy: Girls Inc. promotes self-discipline and tries to establish rules which are sensible and help each child to feel safe and secure. When a child breaks a rule, she/he is first given a warning. If the behavior continues, the child will receive a written notice, needed to be signed by the staff, Gymnastics Director and the parent. If a child continually breaks a rule or is abusive or disrespectful of others, a parent conference will need to take place and probation or suspension may become necessary. Girls Inc. believe foul language, hurting others, and being disrespectful, are not appropriate and these behaviors are not tolerated. By signing below, I agree to all rules stated above and I'm in receipt and understand all stated in the Girls Inc. "Code of Conduct". _____ **(initial)**

Media Release: I, _____, hereby authorize Girls Incorporated of Greater Santa Barbara to use my child's image/likeness/voice in still photos, slides, video production, voice recorded productions, radio coverage, television coverage and/or any other media for the purpose of promoting Girls Incorporated and its programs. _____ **(initial)**

Parent/Guardian Signature: _____ **Date:** _____

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CODE OF CONDUCT

Gymnastics Program

Equipment: Use of equipment or play in the pit is not permitted without the supervision of a Girls Inc. Gymnastics Instructor. _____ **(initial)**

Tardy Policy: Children who are more than 10 minutes late will not be allowed to participate in class for that day due to safety and liability reasons for missing warm-up. For gymnasts who are less than ten minutes late, but are continually late, they will not be allowed to participate in class upon a fourth tardy, as late arrivals are very disruptive for the instructors and the other gymnasts.
_____ **(initial)**

Before Class: Children are to remove their shoes and socks and wait in the viewing room until the Gymnastics Instructor indicates it is the start of class. _____ **(initial)**

During Class: All children are expected to listen to their instructor when s/he is talking. This ensures that all children are able to clearly hear the directions provided. Children are expected to participate in the class for the entire class period. If a child needs to use the restroom, it is very important s/he lets the instructor know, at which time the child will be excused to use the restroom. _____ **(initial)**

At All Times: Being respectful of other gymnasts, gymnastics instructors and Girls Inc. staff is expected of every gymnast. Ignoring instruction because a gymnast does not feel like doing something the instructor has asked is considered disrespectful. Coaxing other gymnasts into becoming disrespectful will not be tolerated. The instructors are here to help YOU be the VERY BEST you can be. _____ **(initial)**

Stretching and Conditioning: Children are expected to stretch and condition as directed by their instructor. Stretching and conditioning are vital to a gymnast's progress and helps prevent injuries. _____ **(initial)**

After Class: Each instructor will notify their gymnasts when class is over, at which time it is appropriate for gymnasts to return to the preparation area to put their shoes and socks back on.
_____ **(initial)**

Observers: Parents, siblings & visitors are **NOT** permitted on equipment at **ANY** time. Bleachers or the viewing room is provided for your convenience. Parents or caregivers are responsible for keeping children off equipment before, during or after class. _____ **(initial)**

Parking: Never park in the "NO PARKING ZONE" this area must remain clear at all times! Plenty of street parking is available. Please do not use the "no parking zone" to load or unload. _____ **(initial)**

** These expectations have been established to ensure that all who participate in the Girls Incorporated of Greater Santa Barbara Gymnastics Program may do so in a safe environment and may enjoy a positive and enriching experience. By signing the below, I agree to adhere to the policies set out by Girls Inc. Gymnastics of Greater Santa Barbara.**

Parent/Guardian Signature: _____ **Date:** _____

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

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Gymnastics Payment Authorization

Please Indicate Your Payment Preference:
All payments are due upon registration and are due the 1st week of each 4 week session. We require a credit/debit card be put on file. You may indicate if you would prefer to pay check or cash first, but still must put a card on file.

☐ **Check or Cash ***

☐ **Visa or Master Card (only)**

***I understand that if my check or cash payment is not received by the 1st week of the session, my credit card will be charged the balance due. _____ (Initial)**

Today's Date:_____

Child's Name(s):_____

Name as it appears on Card _____

Billing Address_____

City, State, Zip_____

Phone_____ Email _____

Please charge my: ☐Visa ☐Master Card

Account # _____

Expiration:_____ 3-digit code (on back):_____

☐ My session fee is $_____, and my annual membership fee is_____:

- I understand that payments will be charged the first week of every session.
- I authorize Girls Inc. to charge my credit card as indicated above. I acknowledge that to revoke this authorization I must provide written notice at least one week prior to my last credit card payment.

Signature_____

----------FOR OFFICE USE ONLY----------

CHILD #1:	**Class:**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Price:**
CHILD #2:	**Class:**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Price:**
CHILD #3:	**Class:**	**Day(s) :M, T, W,TH, F, S**	**Time:**	**Price:**

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How did you hear about Girls Inc. of Greater Santa Barbara?

Admissions form

Please fill out each of the following

1. Date: _____ 2. Center: Gym

3. Name of Child:_____

4. Is this your child's first time at Girls Inc.? YES NO

Please answer the following questions:

Currently enrolling in: Fall ____ Winter _____ Spring _____ Summer Camp _____

5. How did you find out about our programs?

(Please check one or more of the following):

Newspaper or Magazine (please specify)

___The Santa Barbara Independent
___Santa Barbara News Press
___Tinta Latina
___Other (Please specify)_____

Internet

___Girls Inc. of Greater Santa Barbara Website
___ SBParentClick.com
___ Internet : Search ____ Online Advertisement _____ Google Ad _____
___ Noozhawk
___ Flyer (Please name the location where you received/saw the flyer):

_____

____Television: Where, When _____

____A Friend (word of mouth) Friend's Name: _____

____School _____Contact's Name: _____

____Girls Inc. Youth Bus / Van
____Other (Please provide detail)_____

_____

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccld.ca.gov/contact.htm.