**Erika Woodworth Gymnastics**

**Wyngate Elementary School Fall 2017 Contract**

**\* Thursdays 4-5:15pm from Sept 14th- Nov 30th (Students may enter gym immediately after school for supervised set up, and free time with the staff before class begins)**

No Class Sept 21st, Nov 9th, Nov 23rd (no class: holidays/early releases/inclement weather)

* Program will run for 9 weeks (1hr and 15min class) at a fee of **$250** per gymnast.
* Gymnast's parent or legal guardian must sign and return this contract to Erika Woodworth before gymnast is allowed to begin participation.
* Payments are due in full at the time of sign-up.
* Gymnast may sign up after session has begun but must pay full amount of session when gymnast begins participation.
* Registration is on a first come first serve basis.
* Once parent or guardian has signed the contract and made the payment, there will be no refund.
* All gymnasts must wear appropriate athletic clothes in order to participate.
* Gymnasts may bring an after school snack to eat before practice. Please make it peanut-free!
* There are no make-ups for missed practices. Although, make ups will be allowed due to inclement weather.
* Parent or guardian must pick up gymnast at 5:15pm or time specified. We are not responsible for making sure each child is picked up. Please be sure your child knows who will pick them up and their home or your cell number.
* When you pick up your gymnast, please do not block the doorway or stand in the gym to watch practice. It may distract gymnasts and put them at risk.
* Please check email and voicemail regularly. Please feel free to email with any questions at any time.

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| **Gymnast Full Name:** |
| **Age:** |
| **Birthday:** |
| **School Child Attends:** |
| **Grade:** |
| **Participated in Gymnastics before? \_\_\_\_ No \_\_\_\_ Yes, If so where:** |
| **Street Address:** |
| **City and State and Zip:** |
| **Home Phone Number:** |
| **Cell Phone Number:** |
| **Emergency Name and Phone Number:** |
| **Email Address:** |
| **Mother’s/Father’s Name:** |
| **Mother’s/Father’s Name:** |
| **Child Lives With: \_\_\_\_Both Parents \_\_\_\_\_Mother \_\_\_\_\_Father** |
| **Comments:** |

Erika Woodworth assumes no liability for injuries or damages arising from the results of participation. Due to the strenuous nature of some activities, the participant is urged to consult his or her physician concerning fitness to participate. All activities present inherent risks and hazards, which the participant assumes. I hereby approve of my child’s participation in Erika Woodworth’s Gymnastics Program and consent to emergency treatment for my child, on my behalf. Further, I certify that the participant is in good physical condition and capable of participating in this program, and I understand that I am signing my child up at my own risk.

Erika Woodworth Gymnastics is committed to including all children in its program if they can be included safely with reasonable accommodation. If your child has a limitation that may impact upon his or her ability to take the class, please let Erika know at least two weeks before the beginning of class so that if reasonable accommodations are available they may be implemented. “This activity is not sponsored by or associated with the Montgomery County Government.” “These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school.”

I, the undersigned parent or guardian of the participant in Erika Woodworth Gymnastics, hereby release and agree to indemnify and save harmless Erika Woodworth Gymnastics, their employees from any and all claims of any nature for injury or loss that may result from such participation.

\_\_\_ I **DO** give permission for my child's image, voice, performance, or other data (name, age, school, etc.) to be used in any media form (print, website, exhibitions, etc.) for Erika Woodworth Gymnastics.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Notes: (For Office Use Only)** |

**Contact Info:**

**Make checks payable to: Erika Woodworth**

**Mail to: 3319 Weeping Willow Ct, APT #13, Silver Spring, Maryland 20906**

[**erika.joyce.woodworth@gmail.com**](mailto:erika.joyce.woodworth@gmail.com)

**301-828-6662**