

Concho Valley Gymnastics

101 N. Oakes St. San Angelo, TX 76903 Ph: 482-8878 www.conchovalleygymnastics.com

2023-2024 Fall After School Pick-Up Registration Form

Student Information:

Student's Name: _____ Age: _____ DOB: _____ M/F

Mailing Address _____ E-mail Address: _____

City _____ Zip _____ Home Ph # _____

Mother's name _____ Work Ph # _____ Cell # _____

Father's name _____ Work Ph # _____ Cell # _____

Other Emergency contact: _____ #: _____

Relationship: _____

School: _____ Grade: _____ Teacher: _____

Medical Information:

Please list any medical conditions that your child has that we should be alerted to.

Child's Physician: _____ Ph #: _____

Medical Insurance Company _____ Policy # _____

Registration fee: There is a **\$75 individual registration fee** due when you sign up.

Monthly Tuition:

3 days/wk = \$170/month

4 days/wk = \$210/month

5 days/wk = \$240/month

Time: School out – 5:30 p.m.

Please Circle Days Attending (3 days MINIMUM): Mon Tues Wed Thur Fri

**** This is a program to keep kids active. They will participate in a one-hour physical fitness class everyday (gymnastics, tumbling, strength & conditioning, etc.)**

Acknowledgment of Risk and Waiver of Liability and Media Consent

You hereby give Concho Valley Gymnastics permission to pick your child up from school and bring them back to the gym for class. You agree that you are aware that your child named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that may result. You hereby agree to waive any claims or rights that you might otherwise have to sue Concho Valley Gymnastics, its employees, owners, officers or agents for injuries that may occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I give permission for Concho Valley Gymnastics to use photos/videos of my child on CVG Website, Facebook page or other CVG advertisements displaying the fun and excitement of CVG.

Child's Name: _____

Parent or Guardian Signature: _____ Date: _____

****START DATE:** _____

New Member

Returning Member