



CONTACT AND EMERGENCY INFORMATION FORM

Child's Name Sex M / F 2nd Child Name Sex M / F
1st Child Date of Birth 2nd Child Date of Birth
1st Child Month and Year of Last Physical 2nd Child's Month and Year of Last Physical
1st Child's School Attending/Grade 2nd Child School Attending/Grade
1st Child Allergies/Medical Considerations/Notes *Mark N/A if none 2nd Child Allergies/Medical Considerations/Notes *Mark N/A if none

Parent/Guardian Information

Parent/Guardian First/Last Name 2nd Parent/Guardian First/Last Name
Phone # (please indicate cell, home etc) Phone # (please indicate cell, home etc)
Address City, ST, Zip Code Address City, ST, Zip Code
Parent Guardian Email Address Parent Guardian Email Address

Alternative Emergency Contact- We always try to reach parents/guardians first in the event of an emergency. Please indicate a list in this section of anyone who is allowed to pick up your child from class.

Table with 3 columns: Name, Phone#, Relationship

Acknowledgement of Risk and Waiver of Liability and Permission to Treat I hereby give permission for my child/children to participate in classes/events conducted by Thrive Gym LLC. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury, accident or illness, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in gymnastics, ninja, dance and other programs and have had a physical within the last (12) twelve months. Any activity involving motion, jumping, flipping, rolling, running etc... involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in gymnastics, ninja, dance and other programs we offer and therefore, in consideration for allowing my child/children to use Thrive Gym LLC. equipment and facilities, I hereby forever release Thrive Gym LLC., it's owners, officers, employees, teachers and coaches from all liability for any and all damage, illnesses and injuries suffered by my child/children while under the instruction, supervision or control of Thrive Gym LLC, it's owners, officers, employees, teachers, and coaches. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Date Printed Name of Parent or Legal Guardian Signature of Parent/ Legal Guardian

(Parent/Guardian initial that I comply) Photo Consent: I understand that Thrive Gym LLC occasionally takes photos of students for advertising, promotional, media or social media purposes. These photos are never used in conjunction with names or personal identifiers. I agree that my child's photo can be used by Thrive Gym LLC in this capacity.

(Parent/Guardian initial that I comply) COVID 19 / Infectious Disease or Illnesses: We follow the guidelines put in place by the CDC and local health departments in regards to all viruses and infectious diseases including but not limited to COVID-19. We require that ALL staff, volunteers, families, guests, and visitors maintain physical distancing and sanitization requirements and comply with any health and safety policies implemented by Thrive Gym LLC. By acknowledging that you comply with the guidelines above, failure to do so may result in your removal from the premises.

(Parent/Guardian initial that I comply) Video Release: Our facility whereby webcams are in use and streaming video is captured of myself, other employees and the children enrolled at the facility at all times. I Understand that I'm under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with theSpot TVwebsite (also referred to herein as "Spot TV"). I hereby consent to the photographing of myself and children. I understand that the term"photograph" as used herein encompasses both still photographs and motion picture footage.

RULES & REGULATIONS



1. Parents and children who are not participating in class can utilize the Spot TV app for class viewing from your phone/desktop. You can view the gym and your child from your car or home. All other guests may not enter the gym. Children may not play on the equipment before or after class.

2. If a parent needs to speak with their child's instructor they must wait to do so until after class. PLEASE Do not come out onto the floor or enter the gym unless there is an emergency.

3. Parents, please encourage your children to bring their own drink and use the bathroom and wash and sanitize before class begins. During class, children will only be allowed to leave the gym on an emergency basis.

4. Children must be prepared for class upon arrival wearing appropriate clothing, hair tied back, no earrings and bare feet. Jeans, buttons, zippers, half shirts, or baggy clothing is not permitted.

5. Payment is due no later than the 1st day of class. If payment is not made by the first of the month, your child will be tagged inactive by the computer, will be unenrolled, and children on the waiting list will be called. At the end of each month, students are automatically enrolled for the next month. If your child does not want to be enrolled for the next month, you must notify Thrive using a drop form at the front desk no later than the 15th of their current month.

6. All guests are required to be positive of all employees and other children. Coaches work directly with parents to achieve a balance for each child. Parents and coaches work together to make the best decisions for each child through our quarterly progression weeks.

7. Oftentimes children will express their fears and concerns more freely to a parent than a coach. It is critical that the coaches receive feedback and input from the parents and that parents receive feedback from the coaches.

8. All guests are to encourage their children to participate fully in class, and speak positively about other teammates, parents and coaches

9. Make Ups - If your child will be missing a class and you would like for them to have the opportunity to make up the class, please call ahead of the missed class to let us know your child will not be attending. At that time you may schedule a make-up class. **Make up classes must be scheduled within a month of the absence.** Your child can schedule the make up prior to the missed class if appropriate. Students may do make ups in any age and skill appropriate class.

10. We follow the Centers for Disease Control "CDC" guidance under the childcare and camps programs for prevention and practices. We also comply with State and Federal guidelines as they relate to our gym. **Please do not send a sick child to class. Please communicate if your child has interacted with the gym while unforeseen illness occurs, so that we can take remedial steps for everyone's safety.** Sick children will NOT be allowed to stay. Children who become sick while in class will be isolated from other children and the parent/guardian will be called to pick up the child.

11. Please complete all paperwork to include in the emergency form to notify Thrive Gym of all known medical accommodations that need to be made.

I understand that these rules are enforced for the benefit and safety of my child. By signing this paper, I consent that I have read and agree to the specifications above.

Signature: _____ Date: _____



A credit or debit card on file is required to register for classes. For your protection, once entered, your credit card number is not visible to anyone. Tuition is automatically charged to the credit card on file on the 25th of each month (for the next month). If delinquent tuition is not paid before the first of the month, your child will be tagged inactive by the computer, will be unenrolled, and children on the waiting list will be called.

1. To take a break from a class or end your child's enrollment at Thrive Gym, simply notify Thrive Gym by the 15th of the month. Your child's enrollment will then end on the last day of that month. Once a child drops from a class, their spot is given to another child on our waiting list. There is no guarantee that once a child drops from a class that they will be able to get back into the class. All enrollments are space dependent.

2. All returned checks will carry a fee of \$35.00. Once we have taken a bad check, all tuition must be paid from then on by cash or debit/credit card.

3. Thrive Gym does not offer refunds for any reason.

Recurring Payment Authorization

Please complete the information below:

I (full name) _____ authorize Thrive Gym to charge my credit card. Indicated for (monthly amount) _____ on the 25th of each month for payment for (children's names) _____.

Last 4 Digits on your Card _____

Billing Address: #, City, State, Zip _____

Phone# _____ Email _____

_____ I understand and agree to the payment policies at Thrive Gym LLC. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Thrive Gym of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

_____ I certify that I am an authorized user of this credit card/debit card and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

_____ I certify that If there are government actions or interruptions related to closing over a month span of time we will resume full virtual classes. If you do not wish to take part in our virtual platform training or any modifications offered, please understand that your child would be removed from their program. We reserve the right and will determine at which time further, if monthly tuition amounts change temporarily and only in the events mentioned above lasting more than a month.

Signature: _____ Date: _____