

2021-2022 NEW BERN GYMNASTICS AFTERSCHOOL ENRICHMENT WAIVER & RELEASE FORM

Parent(s) or Guardian Information

Parent Name: _____

Contact Number: _____ (C/HM/WK)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

This will be New Bern Gymnastics' primary form of communication

Alt Parent Name: _____

Alt Parent Contact Number: _____ (C/HM/WK)

Alt Parent Email: _____

In case of EMERGENCY or if I cannot be contacted:

Name: _____

Contact Phone: _____ Relation: _____

TEXT Yes or No

Covid-19

New Bern Gymnastics, Inc. is committed to assisting families by providing its programs during the national response to COVID – 19. New Bern Gymnastics, Inc. will remain open and provide programs so long as its services are allowed by Federal, State and Municipal laws and regulations. New Bern Gymnastics, Inc. has modified its procedures and programs to limit participant exposure to other participants and family members, including modifying participant

drop-off and pick-up procedures, separating program participants into smaller groups, and increasing sanitary procedures, among other modifications.

Despite the efforts of New Bern Gymnastics, Inc. to minimize participants' exposure to other participants, the undersigned acknowledges that New Bern Gymnastics, Inc. cannot ensure that its participants will not be exposed to COVID – 19 or any other communicable disease. The

undersigned further acknowledges that the undersigned holds New Bern Gymnastics, Inc. harmless from any and all liabilities, of any kind or nature, arising out of the participation in New Bern Gymnastics, Inc. programs by the undersigned's children, grandchildren or ward(s) and related to COVID – 19 or any other communicable disease. **Initials:** _____

Student Information

Student: _____ DOB: ___/___/___ Sex: M / F

School: _____ Grade: _____

ALLERGIES: _____

Student: _____ DOB: ___/___/___ Sex: M / F

School: _____ Grade: _____

ALLERGIES: _____

Student: _____ DOB: ___/___/___ Sex: M / F

School: _____ Grade: _____

ALLERGIES: _____

Pricing Breakdown

Afterschool will run 5 days a week. We pickup from New Bern Christian Academy, St. Paul, Epiphany, Creekside, and Brinson. You will be charged a flat fee of \$275.00 per month. This is based upon the total days of school each calendar year. We operate on the Craven County school calendar and when they are closed, we are also closed. There will be no exception to the charged amounts due to days missed for any reason. There is a \$100.00 deposit per child due at the time of enrollment. This covers your yearly membership fee and the remaining goes towards August tuition. You will be charged on the 1st of each month.

Monthly Payment Information and Agreement ***Auto billing is required for afterschool enrollment***

_____ I agree to ***auto billing***. I authorize New Bern Gymnastics to charge my payment information on file for the balance due on my account during the school year. If the transaction has been declined, I have until the Friday after to make payment. Accounts will be charged on the 1st of every month.

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Waiver & Release: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in a gymnastic event. I further agree that New Bern Gymnastics and their agents, officers, employee, instructors, directors, and landlords shall not be liable for any losses or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Initials: _____

Medical Release: I hereby give consent to New Bern Gymnastics to provide medical care, and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. In case of injury or sudden illness, I hereby given authority to any hospital or doctor to render immediate aid as might be required at the time for my child(s)'s health and safety. It is understood that I will accept the expense of this service.

Initials: _____

Bounced Payments: I understand that I will be charged a \$35 bounced payment fee if your payment is rejected by your banking institution due to insufficient funds.

Initials: _____

Media Release: I hereby give consent for New Bern Gymnastics to take a picture for **internal safety/security** use ONLY. This photo will NEVER be shared publicly.

Initials: _____

I hereby give consent to New Bern Gymnastics to use my child's image in ANY form of **PUBLIC** media, including print, television, and internet, for advertisement and promotional purposes. Names will never be associated with a picture unless express consent by parent or guardian for specific image.

Initials: _____

Emergency Closings- NBG After School Enrichment program follows the Craven County School System for emergency closings. Should there be an emergency closing during the school day, we will NOT run Afterschool Enrichment.

Initials: _____

Sick Policy- Please use the same guidelines for participation at NBG that are used for school. If your child is not feeling well while at NBG, we will take their temperature. Parents will be notified immediately and will need to pick up the child if they have any COVID-like symptoms and/or a temperature.

Initials: _____

Absences- It is the responsibility of the parent to notify NBG if your child will be absent from ASE or Virtual Learning Camp. Communication is especially important to avoid confusion or delays during pick up at schools. Please call the gym at 252-635-2100 or email info@newberngymnastics.com

Initials: _____

Siblings- A 10% sibling discount will be applied to any sibling in the ASE or Virtual Learning Camp Program

Initials: _____

Pick up- You will need to sign your child out daily. Only those people listed on the pickup sheet will be allowed to sign a child out. If you are more than 10 minutes last you will be charged \$1.00 per minute per child.

Initials: _____

ASE Van Pickup- ALL children will wear a mask during the ride from their school to NBG and all children will have their temperature taken upon their arrival.

Initials: _____

Student must bring their own water bottles daily.

Pick up Authorization

The following people have permission to pick up my child(ren)

From New Bern Gymnastics After School Enrichment Program.

1. _____
2. _____
3. _____
4. _____

As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the initialed conditions for permitting my child to participate at New Bern Gymnastics.

Parent/Guardian
Signature _____

Date _____