

**City of Goose Creek Recreation  
Casey Community Center  
PRE-TEAM & TEAM GYMNASTICS**

**PROGRAM FEES for September 2009 – May 2010**

**Boys Team Gymnastics:** Cost: \$80 month resident / \$85 month non-resident  
**Girls Pre Team Gymnastics:** Cost: \$75 month resident / \$80 month non-resident  
**Girls Team Gymnastics:** Cost: \$95 month resident / \$100 month non-resident

**Payments are due on the 1<sup>st</sup> of each month.**

**Please print. Please answer ALL QUESTIONS. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**Participant's Name:** \_\_\_\_\_ **Male:** \_\_\_ **Female:** \_\_\_ **Age:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Does Participant live within the City of Goose Creek Recreation boundaries** YES \_\_\_\_\_ NO \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**MOTHER'S Name:** \_\_\_\_\_ **FATHER'S Name:** \_\_\_\_\_

**Name of MEDICAL INSURANCE COMPANY:** \_\_\_\_\_

**Do you wish to purchase PLAYGROUND INSURANCE?** (Required if you have no medical insurance \$7.00/child)  
\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_

**Does the child have any SPECIAL NEEDS of which we should be aware?** YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, what are they?

**I UNDERSTAND that PAYMENTS MUST BE PAID BY THE FIRST DAY OF EACH MONTH. A LATE FEE OF \$10 will be charged on late payments.** I understand that my space in the program may be FORFEITED if my payment is late.

**I UNDERSTAND that a TWO-WEEK ADVANCED WRITTEN NOTICE must be given before withdrawing from the program. If no notice is given, I will PAY FOR THE PROGRAM.**

In the event of a **MEDICAL EMERGENCY**, I authorize the City of Goose Creek Recreation Department or its representatives to obtain emergency medical treatment for my child, and if I cannot be contacted, this authorization will serve as my request and authority for the program staff to seek medical assistance for my child. I wish to have my child transported to nearest emergency facility. I understand that I shall be responsible for all costs incurred in any such medical emergency.

I understand that there are always risks involved in participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in this activity. In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Goose Creek Recreation or its representatives, successors, agents, sponsors, supervisors and instructors for any and all injuries suffered by my child at any activity sponsored by these groups. I understand that the use of corporal punishment is strictly prohibited in the program. Disclosure of your social security number is voluntary. These numbers are only used for medical information in the event of an emergency or for debt collection I further grant City of Goose Creek Recreation the unencumbered right to make promotional use of any pictures and/or videotapes taken of the registrant while participating in this program.

***I have read and understand the program and payment policies for the Pre-Team and Team Gymnastics Program.***

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**CLASS REGISTERING FOR: Day/Time:** \_\_\_\_\_

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**STAFF USE ONLY**

**Date paid** \_\_\_\_\_ **Month Paid For** \_\_\_\_\_ **Participant Received Information Packet** \_\_\_\_\_ **Staff initials** \_\_\_\_\_