Gymnastics Private Lesson Request

**GYMNAST INFORMATION**

Gymnast’s Name ____________________________________________
(Last) (First) (Age) (circle one) (Gymnastics Level)

**PARENT INFORMATION**

Parent’s Name____________________________________________
Hm. Phone(____) ___________ Cell Phone (____) ___________

Address __________________________________________________
City ______________ Wk. Phone (____) ______________________

E-mail ____________________________________________________

Emergency Contact: Name______________________________
Hm. Phone(____) ___________ Cell Phone (____) ___________

**AVAILABILITY**

Desired Coach (if any): _______________________________________

List all times gymnast is available for lessons:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times</td>
<td>Available</td>
<td></td>
<td></td>
<td></td>
<td>(Fall-Spring Only)</td>
</tr>
</tbody>
</table>

Number of private lessons I would like to have: ______________________________

Skills I would like to work: __________________________________________________________________________

**Private Lesson Fees** (All Private lessons are one on one)

<table>
<thead>
<tr>
<th>1/2 hour</th>
<th>1 hour</th>
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</thead>
<tbody>
<tr>
<td>$25.00</td>
<td>$50.00</td>
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</tbody>
</table>

**Private Lesson Cancellation Policy**

Private lessons may not be cancelled or refunded. As a courtesy we may reschedule your private lesson if our offices receive verbal or written notice more than 24 hours before the time of your private. Rescheduling is based on coach availability.

**Private Lesson Reservation Information**

You are not guaranteed a private lesson until you receive a confirmation email from the program manager. Elmhurst Park District Registration Staff will contact you for payment once your private lesson(s) has been scheduled.

Completed forms must be returned to the following location:

Wagner Community Center       615 N. West Ave.       Elmhurst, IL       60126
Phone: (630) 993-8901          Fax: (630) 993-8929
Registration / Brochure Waiver & Release

IMPORTANT INFORMATION

The Elmhurst Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Elmhurst Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants’ safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING

Gymnastics is intended to challenge and engage the physical, mental and emotional resources of each participant. The sport demands strength, balance and body control. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injuries, spinal cord injuries (including paralysis) and bone and joint injuries. Understandably, not all hazards and dangers can be foreseen. The very nature of the gymnastics is hazardous and risky, including but not limited to failing to successfully complete a maneuver, falls, over-rotating, overexertion, attempting skills beyond ability, lack of conditioning, improper warm-up, recklessness on equipment, horseplay, inadequate or defective equipment, spacing between the mats, lack of or poor spotting, inadequate supervision or instruction, and all other risks inherent to gymnastics. In this regard, it is impossible for the Elmhurst Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Elmhurst Park District, including its officials, agents, volunteers and employees.

PHOTOGRAPHY

Photos and videos are periodically taken of people participating in Park District programs and activities. All persons registering for Park District programs/activities, or using Park District property thereby agree that any photograph or videotape taken by the Park District may be used by the Park District for promotional purposes including its promotional videotapes, brochures, flyers, and other publications without additional, prior notice or permission and without compensation to the participant.

Please Print Participant’s Name
____________________________________

Participant’s Signature
____________________________________

(18 years or older or Parent / Guardian)
____________________________________

Date
____________________________________

Participation will be denied if Signature of adult participation or parent/guardian and date are not on this waiver

PAYMENT INFORMATION

Must complete when using VISA or MASTER CARD

Name of Cardholder: __________________________________ Expiration Date: ________

Authorized Signature: ___________________________ Charge Amount: ________

Y Y Y Y

CVC ______

Office Use Only:

Date/Time received: ___________________________ Coach Assigned: ___________________________

Lesson Date: ___________________________ Lesson Time: ___________________________

Payment Type: Cash / Check _____ / Discover / MasterCard / VISA/ Gift Certificate ________ Amount Paid: $___________