



# HOCKING VALLEY YOUTH SPORT CENTER

## STUDENT REGISTRATION FORM 2025-2026



Student's Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_ Birthday \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Previous Student? \_\_\_\_ List any siblings enrolled at HVYSC \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ ☐ Check Preferred Contact #

Home or Work Phone \_\_\_\_\_ ☐

Cell Phone \_\_\_\_\_ ☐

Home or Work Phone \_\_\_\_\_ ☐

Email Address \_\_\_\_\_

How did you hear of HVYSC? \_\_\_\_\_

**Please completely fill out the information below so we may act quickly in the event of an emergency.**

Who to call if guardians cannot be reached at numbers listed above:

Name

Relation

Phone #

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any allergies (drugs, medications, etc.) below:

\_\_\_\_\_

Any current medications? \_\_\_\_\_

Any previous illnesses/injuries? \_\_\_\_\_

Any conditions or restrictions of which our staff should be aware?

\_\_\_\_\_

**Please turn over, read and sign the reverse side.**

Office Use Only

Program Class: \_\_\_\_\_ Date Reg. \_\_\_\_\_ Signed Back? \_\_\_\_\_

T-Shirt: \_\_\_\_\_ Initial Payment. \$ \_\_\_\_\_ (Cash Check # \_\_\_\_\_ BC)

I fully understand that Hocking Valley Gymnastics Center, Inc. (HVGC), AKA Hocking Valley Youth Sport Center, staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the HVGC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the HVGC staff to call a doctor of our choice and to seek medical help, including transportation by a HVGC staff member and or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the HVGC staff deem this to be necessary.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian's signature)

We, the staff at HVGC, consider the safety of our students to be of the greatest importance. With this in mind, we feel that the first step towards preventing injury is for the students and their parents to be aware that, like any other sport or physical activity, injury is possible in gymnastics and dance. For this reason, we consider it to be our responsibility to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature.

Fitness students are not allowed in the Gymnastics equipment area with the exception of the floor area.

Parents should make their children aware of the possibility of injury and encourage their children to follow all of the safety rules and the coaches' instructions.

HVGC, it's coaches, and all staff members, are not responsible for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, or dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Hocking Valley Gymnastics Center, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Hocking Valley Gymnastics Center, Inc. and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide what I consider to be proper hospitalization, health and accident insurance coverage which I consider to be adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parents should warn the child according to what the parent feels appropriate. HVGC will only warn the child through our "Safety Messages" and it's teaching style and progressions.

Additionally I hereby grant my permission for photos or videos of my child to be used in HVGC publicity or advertising. Opt Out ☐ I do not authorize photo or video to be used of my child.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian's signature)