



2603 Back Acre Circle, Mount Airy, MD 21771
301 829-7998 fax: 301 829-7996

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Work Ph _____ Cell Ph _____

Father's Name _____ Work Ph _____ Cell Ph _____

Home Phone _____ Primary E-Mail Address _____

If your family is new to Skyview:

How did you hear about us? (circle one) Internet Mail Flyer Newspaper Magazine Phone Directory Friend

Name of person or publication that referred you to us _____

Skyview Gym Rules

By signing this form, you acknowledge and agree to the following:

- 1) Students will not be permitted to participate in a class or any activity if they are not dressed appropriately. No jewelry, watches, or rings of any kind are permitted. Small stud-type pierced earrings are permitted, but not recommended. If they get lost in the pit they are probably lost forever.
2) Students arriving more than 10 minutes after the start of a class may not be allowed to participate. This is up to the discretion of the Coach or Class Instructor.
3) Students are NOT permitted to use ANY gymnastics equipment without the direct supervision of a Skyview Staff member.
4) Parents are not permitted to participate in coaching or disciplining their children unless a request for assistance is made by the instructor. PLEASE do not coach from the balcony or doorways.
5) Parents and visitors are not permitted in the Gym or Dance Studio unless they are invited by a Senior Staff member. These rules are for your safety and the safety of your children.

INFORMED CONSENT

At Skyview Gymnastics we take every precaution to provide a safe environment, safe equipment and thorough, careful instruction, but even in the best of circumstances injuries can and sometimes do occur. Gymnastics is an inherently risky activity. There is the potential for serious injury and even death. BY SIGNING THIS APPLICATION YOU ACKNOWLEDGE HAVING BEEN INFORMED OF THE RISKS INVOLVED, and YOU AGREE TO HOLD SKYVIEW, INC., GYMDANCERS, INC., THEIR INSTRUCTORS, CHOREOGRAPHERS AND EMPLOYEES HARMLESS IN THE EVENT OF AN ACCIDENT. YOU ARE EXPECTED TO CARRY YOUR OWN HEALTH INSURANCE, AND TO INFORM US OF ANY HEALTH OR PHYSICAL CONDITION WHICH MIGHT AFFECT THE STUDENT'S ABILITY TO PARTICIPATE FULLY. (Completed Medical and Insurance information files must be on file at Skyview Gymnastics before your child will be allowed to participate.)

I hereby give permission for my children (names) _____ to participate in all activities of Skyview Inc. and Gymdancers, Inc. I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES OF SKYVIEW INC. I ASSUME ALL RISKS ASSOCIATED WITH HIS/HER(& MY) PARTICIPATION IN THESE ACTIVITIES.

Medical Insurance: _____ Policy/Group Number _____

In case of emergency, if a parent cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

**This form will be kept on file for one year. New form needs to be completed/updated every summer.

Signature of Parent or Legal Guardian _____ Date _____

Updates:

Signature of Parent or Legal Guardian _____ Date (updated) _____

Signature of Parent or Legal Guardian _____ Date (updated) _____

Student/Camper Health History/Information

The information you provide will be held in strict confidence.

Student's Name: _____ Date of Birth: _____

Name of school that student attends _____ Grade _____

Doctor's Name/Address _____ Drs. Phone _____

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ___ NO

___ YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ___ NO

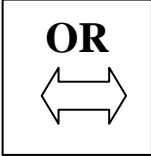
___ YES, Explain: _____

IMMUNIZATION INFORMATION:

For students/campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is the child exempt from any immunizations? ___ NO
 ___ YES, List them (immunizations):



For students/campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:

2. Attach Department form DHMH-896(record of vaccination or immunity)

Signature of parent or Legal Guardian _____ Date: _____

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