



483 Fort Collier Road ~ Winchester, Virginia 22603 ~ 540.662.2686 ~ www.cegymnastics.com

Welcome to Competitive Edge Gymnastics!

The following packet is designed to share our philosophy of instruction and our gym policies with each family. We have instituted these policies in order to provide a safe, productive environment for each student's instruction.

Please read the packet carefully and return all completed forms to the front desk. We look forward to working with your child and helping him or her to grow as a gymnast!

Competitive Edge Philosophy

Competitive Edge Gymnastics is committed to fostering a positive, healthy learning environment for all students regardless of their abilities. Our coaches will provide each individual with instruction that will advance his or her abilities from beginner to elite gymnasts. Our goal is to create a fun, caring, and disciplined approach to training both recreational and competitive athletes with enhancing their self-esteem and overall well being.

Competitive Edge Gymnastics Pre-participation Medical Form

Name _____ Date of Birth _____ Date _____
Address _____ Telephone _____
Parent/Guardian Name _____ Emerg. Telephone _____
Gymnastics Club/Organization _____ Coach's Name _____
Doctor's Name _____ Doctor's Telephone _____

EMERGENCY MEDICAL TREATMENT STATEMENT

I, the parent of _____, give permission for emergency medical treatment of my child if I cannot first be contacted.

Date _____ Parent or Guardian _____
Telephone – Home _____ Work _____ Emergency _____

MEDICAL HISTORY

Directions: Check (✓) the appropriate space for yes or no. Some "yes answers require explanations; please provide them where appropriate.

IMMUNIZATIONS

Yes No

_____ Poliomyelitis
_____ Tetanus – Date of last booster: _____

GENERAL

_____ Are you currently taking any medications? If so, list them here:

_____ Do you have any allergies to foods and/or drugs? If so, list them here:

_____ Have you had any illnesses in the last two years? If so, list them here:

_____ Have you ever had any surgery? If so, list them here:

_____ Have you ever had any problems with heat (stroke, exhaustion, etc.)?

_____ Do you have frequent nausea and/or vomiting?

_____ Do you have hemophilia or a bleeding disorder?

_____ Do you have diabetes?

_____ Do you have anemia?

_____ Have you ever been advised by a medical doctor not to participate in any athletic activity?

Yes No

EYES

- Do you have poor vision in either eye?
- Do you wear glasses or contact lenses? (circle the appropriate response.)
- Do you have blurred vision?
- Do you have double vision?

EAR, NOSE, AND THROAT

- Do you have frequent nosebleeds?
- Do you have frequent sore throats?
- Do you have frequent ear infections?
- Have you noticed decreased hearing in either ear?

CARDIOVASCULAR

- Have you ever had rheumatic fever or scarlet fever?
- Have you ever been told that you have a heart murmur?
- Do you have high blood pressure?
- Do you ever get any chest pain?
- Do you ever get palpitations (extra strong or irregular heart beats)?
- Do you have a family history of heart attack before the age of 50?

CHEST/PULMONARY

- Have you ever had pneumonia?
- Do you have asthma?
- Are you frequently short of breath?
- Do you ever wheeze?

ABDOMINAL

- Do you have frequent abdominal pain?
- Do you have, or have you ever had, an ulcer?
- Have you ever had hepatitis?
- Do you ever have blood in your stools (bowel movements)?
- Do you ever have black, tarry stools?
- Have you ever had a hernia?
- Do you have pain or burning with urination?
- Do you ever have blood in your urine?
- Do you ever have dark colored urine?
- Do you have to urinate very frequently?
- Have you ever had a kidney stone?

GYNECOLOGIC (Females only)

- Have you started monthly menstrual periods?
- Are your periods regular?
- Do you have heavy bleeding with your periods?
- Do you take birth control pills?

NEUROLOGIC

- Do you have occasional dizziness?
- Do you ever faint?
- Do you get frequent and severe headaches?
- Have you ever had a concussion, or loss of consciousness?
- Have you ever had a neck injury?
- Have you ever had seizures or epilepsy? If yes, give date of most recent seizure: _____

ORTHOPEDIC

- Have you ever had any fractures/broken bones? If so, list them here: _____
-

- Have you ever had a shoulder separation or dislocation? (Circle the appropriate response)
- Do you get chronic shoulder pain?
- Have you been told that you have bursitis or tendonitis in your shoulder?
- Have you ever had an elbow dislocation?
- Do you get chronic elbow pain?

YES NO

- ___ ___ Do you get chronic wrist pain?
- ___ ___ Do you get chronic back pain?
- ___ ___ Do you have scoliosis?

YES NO

- ___ ___ Do you have spondylolysis (stress fracture of the low back) or spandyolisthesis?
- ___ ___ Have you had occasional hamstring muscle strains/pulls?
- ___ ___ Do you get chronic knee pain?
- ___ ___ Have you had tendonitis about the knee?
- ___ ___ Has anyone ever told you that you have Osgood-Schlatter's disease?
- ___ ___ Have you ever had a cartilage tear in the knee?
- ___ ___ Have you ever had a ligament sprain/injury in the knee?
- ___ ___ Has your patella (kneecap) ever dislocated?
- ___ ___ Have you ever had shin splints or a stress fracture in your leg?
- ___ ___ Have you had achilles tendonitis?
- ___ ___ Do you get frequent ankle sprains?
- ___ ___ Do your ankles hurt when you land short?
- ___ ___ Do you have bunions that hurt?

HEIGHT _____ ft. _____ in. WEIGHT _____ lbs.

Insurance Carrier _____ Policy Number _____

Policy Holder _____ Employer _____

Surgeries:

EAR:

NOSE:

THROAT:

DENTAL:

LIABILITY WAIVER (MINOR, UNDER 18)

By signing this document you will waive certain legal rights, including the right to sue

Participants Name: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Age _____ Phone (____) _____ E-mail _____

I/we am aware that in addition to the usual dangers and risks inherent in the sport of gymnastics, certain additional dangers and risks are present when using Competitive Edge Facility and gymnastics equipment. These dangers include, but are not limited to the risk of falling, jumping, and landing. I/we freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting there from.

In consideration of utilizing Competitive Edge Facility and Gymnastics Equipment and for other good and valuable consideration, I/we hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS for personal injury including death, illness, and/or property damage that I/we may have against Competitive Edge Gymnastics, their shareholders, partners, principals, directors, officers, affiliates, agents, employees, contractors, representatives and any volunteers in any way associated with Competitive Edge Gymnastics, all of whom are hereinafter collectively referred to as "the Releasees."
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for loss, damage, injury, death, medical or other expense that I/we may suffer or that any other party may suffer as a result of my use of Competitive Edge Facilities, Gymnastics Equipment or activities in my participation of cheerleading or gymnastics, due to any cause whatsoever.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my use of Competitive Edge Facility, Gymnastic Equipment or by my participation in Cheerleading or Gymnastics and other Competitive Edge Activities.
4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, illness, and/or property damage.
5. I/WE ADDITIONALLY AGREE not to take unreasonable risks while participating in Cheerleading, Gymnastics, and any other activities associated with Competitive Edge Gymnastics, including but not limited to attempting skills or tricks that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
6. I/WE ADDITIONALLY AGREE that I/we shall follow correct safety procedures when using the Competitive Edge Facilities and Gymnastics Equipment. I/we expressly grant to Competitive Edge Gymnastics, and any third party authorized by Competitive Edge Gymnastics, the right to film, videotape, photograph, and use such likenesses in advertising and publicizing the school.
7. I/WE HEREBY CERTIFY THAT I/we am covered by my own Medical Insurance, and that I/we have read and understand this Release of Liability prior to signing it, and I/we are aware that by signing this Release of Liability I/we am waiving certain legal rights which I/we or my heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees.

Competitive Edge Gymnastics shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the internet and legal rights and waivers provided herein.

This Liability Waiver has made and executed in the State of Virginia and shall be governed by, enforced in and construed in accordance with the laws of the State of Virginia.

I/we acknowledge that in executing this Waiver, I/we are not relying on any inducements, promises, or representations made by the Releasees.

Parent/Legal Guardian Signature

Print Name Here

Date

Student Signature

Print Name Here

Date

BOTH SIGNATURES ARE REQUIRED!

GYM POLICIES
Competitive Edge Gymnastics
540-662-2686

By signing this form, you agree to abide by the Competitive Edge Gymnastics Gym Policies.

8. All payments are due by the **1st** of the month. A \$25 late fee will be imposed if tuition payment is not received by the **4th** of the month.

Initials ☒ _____

9. There is a **\$35.00** returned check charge for any checks returned by the bank. **Collection agency charges will also apply.**

Initials ☒ _____

10. A two-week notification is required to discontinue enrollment in our program(s). You will continue to be billed and held liable for the payments if we have not received written notification concerning discontinuing attendance in our program.

Initials ☒ _____

11. No credits or refunds will be given for classes not attended. Missed classes may be made up within one month of the absence. You must contact Competitive Edge Gymnastics to schedule a make up class with a minimum of a 24- hour notice prior to the make-up.

12. There is a \$35 annual registration fee (per student) to enter class and is renewed yearly at the date of original registration. No refunds on registration/membership fees will be given.

13. The gym will mainly follow the **Frederick County Public School policy** for closings and delays. Please check our website and answering machine to be sure if you have class or not. For severe weather and FCPS system is closed, then Competitive Edge Gymnastics will also be closed. If there is a 1 hour delay for FCPS, morning gymnastics classes will also be delayed one hour. If there is a 2 hour delay, there will be no a.m. classes. Classes missed due to weather closure will be made up as outlined in policy line #11. Effective January 1st, 2013, classes may not be cancelled due to FCPS closings/delays. Please check our website for further clarification.

14. Spectators must quietly remain in the observation area behind the gate at all times. Spectators are free to leave the facility during class, but must return before the class time is over. The equipment may **NOT** be used without staff supervision. Students will be called by their instructor to the floor area at the beginning of class. **Students may not enter gymnastics area until accompanied by an instructor.**

15. For the safety of our gymnasts, we have instituted the following dress code for all classes: Students should wear leotards or shorts/sweatpants with a shirt tucked into the waistband. Clothing with buttons or snaps and jewelry are prohibited. Students with long hair should have their hair pulled up for all classes.

This policy statement has been made and executed in the State of Virginia and shall be governed by, enforced in and construed in accordance with the laws of the State of Virginia.

Parent/Legal Guardian Signature

Print Name Here

Date

Student Signature

Print Name Here

Date

Competitive Edge Gymnastics

Notice to Discontinue

If a Competitive Edge Club Member decides to discontinue taking gymnastics classes, it is required that they give two weeks written notice in order for us to make their file inactive and stop the billing processes on their account.

By signing this notice, you are aware of our requirement of written notice and realize that if written notice is not given you will continue to be billed and be responsible for payment of classes even if your child has stopped attending.

When a Competitive Edge Club Member has discontinued classes, they are welcome to resume classes at any time with consent of the Competitive Edge Staff and availability of an opening.

Thank you for your understanding.

Parent/Legal Guardian Signature

Date

Students Name

Phone

Office Copy

Competitive Edge Gymnastics

Notice to Discontinue

If a Competitive Edge Club Member decides to discontinue taking gymnastics classes, it is required that they give two weeks written notice in order for us to make their file inactive and stop the billing processes on their account.

By signing this notice, you are aware of our requirement of written notice and realize that if written notice is not given you will continue to be billed and be responsible for payment of classes even if your child has stopped attending.

When a Competitive Edge Club Member has discontinued classes, they are welcome to resume classes at any time with consent of the Competitive Edge Staff and availability of an opening.

Thank you for your understanding.

Parent/Legal Guardian Signature

Date

Students Name

Phone

Customer Copy