



PRIMA SPORT CENTER.
3615 Francis Cir, Suite 600, Alpharetta, GA 30004
Tel: 770-377-0507 Email: primasportcenter@yahoo.com
https://www.atlantarhythmicgymnastics.com

Athlete Registration Form (Please print)

Please attach your child's recent photograph to this registration form.

Child'S Name: _____ Preferred Name: _____
 DOB (mm/dd/year): _____ Gender: _____
 PROGRAM: RHYTHMIC GYMNASTICS INDOOR SOCCER

Home Address: _____
 City: _____ State: _____ Postal Code: _____ County: _____

School and Grade: _____

Language(s) spoken in the child's home: _____

Parent/Guardian #1: _____ Relationship to the child: _____
 Cell Phone: _____ Home Phone: _____
 Email: _____

Parent/Guardian #2: _____ Relationship to the child: _____
 Cell Phone: _____ Home Phone: _____
 Email: _____

Emergency contact if not parent. Name: _____
 Relationship to the child: _____
 Cell Phone: _____ Home Phone: _____

Your Child Will Be Attending on the Following Days (Please circle all that apply):
 Monday Tuesday Wednesday Thursday Friday Saturday
 Hours: 1 hr 1.5 hrs 2 hrs 3 hrs Full Day of Training
 COMPETITIVE RECREATIONAL XCEL

How did you hear about us: _____

By signing this registration form, Parent/Guardian agrees to Prima Sport Center Tuition Policy and agrees to make timely payments in accordance therewith.

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____ Date: _____



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POLICIES

Please read through all Policies thoroughly before registering your child. Please complete the bottom of this form.

- All athletes in rhythmic gymnastics must wear black leotard, black shorts/leggings, white socks/ toe-shoes. Soccer players must wear shorts, t-shirt, socks and soccer shoes.
- Hair must be secured into a bun, on the crown of the head.
- Parents must sign their child into class every day! This helps us track attendance.
- Payment is due every month on the first of the month. If you pay after the 5th of the month, please add a \$25 late fee to your monthly payment. After 7th of the month \$35 late fee will be charged.
- If you wish to change class day/time or withdraw your child from the class permanently, please provide a written statement with your signature. Should you need to miss your regular class and want to make up that class, please contact your coach.

I have read and have FULL understanding of all PRIMA SPORT CENTER policies and structures, and understand this is a binding contract and will follow all of PRIMA SPORT CENTER policies as they are stated.

Name of the Parent/Guardian (Please print): _____

Relationship to the child: _____ Signature: _____

Staff receiving registration: _____

Staff member's signature: _____



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Medical Information

As a safety precaution, your child should be covered by medical insurance in order to participate in Prima Sport Center activities.

Insurance carrier: _____ Group #: _____
 Policy #: _____

Child's Primary Physician: _____
 Address: _____
 Phone: _____

Allergies: _____
 Medications (Please include instructions): _____

Please describe any physical/mental/medical/learning disabilities that might interfere with Prima Sport Center activities. The child must be capable of participating in group activities, listening, understanding and following coach's instructions: _____

PRIMA SPORT CENTER does not authorize or administer any medications, as we do not have a registered nurse on duty at any time.

In case of emergency, when I can not be reached, I give my permission for my child to receive medical attention as necessary while in the gym.

Parent/Guardian: _____ Relationship to the child: _____

Signature: _____ Date: _____



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Photo Release Form

I, _____, parent/guardian of _____
Hereby give Prima Sport Center and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken during classes, performances and evaluations.

These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, and or in other similar ways.

We hereby warrant that we are over eighteen (18) years of age, and competent to contract in our own names.

Signature: _____

Name of the parent/guardian: _____

Date: _____

Address: _____

City: _____ State/Zip code: _____

Phone: _____



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Disclaimer: Above information is held in confidence and is never released or sold

Registration Terms and Policy

Please read through all our terms and conditions thoroughly before registering your child. Please initial each section and complete the bottom of this form.

_____ Registration policy: Upon registration there is a one time registration fee.

_____ Tuition Information: Tuition is non-refundable, there can be no exception. Tuition payments are due on the 1st of each month. A late fee of \$25 will have to be added to tuition payment after the 5th of the month, and after 7th of the month \$35 late fee will be charged. Student will not be able to participate if tuition has not been paid by the 15th of the month.

_____ Tuition Structure: Monthly tuition is based on the school calendar year. Tuition is not fixed monthly charge. Sometimes there will be 5 weeks in the month, then tuition will be changed to reflect that. All athletes are required to pay tuition every month consecutively for the duration of contract with PRIMA SPORT CENTER even when they are not attending the gym due to illness, vacation, school activities. This tuition is calculated to cover the instructors, as well as operation expenses.

_____ Medical clearance: All participants must provide us with any physical/medical/mental health information that may interfere with PRIMA SPORT CENTER activities. By signing this form you are stating that your child is capable of participating in the group activities, listening, understanding and following the coach's or counselor's instructions. All medical conditions must be noted in the medical information form. This is necessary to ensure the safety and participation of all athletes. Not listening, unruliness, misbehaving will not be tolerated.

_____ Training session: NO PARENTS ARE ALLOWED ON THE CARPET OR INSIDE THE PRACTICE AREA AT ANY TIME. There is a waiting area for you to wait for your child. Please refrain from coaching or any comments about/to any athlete at any time.



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_____ Make up classes: Athletes should attend class each week for continuity and progression of skills but we understand that sickness and scheduling conflicts occur. If the student missed the class, he/she has the rest of the month or session to make up the missed class. Make up classes do not carry over into subsequent months and must be made by APPOINTMENT ONLY.

_____ Refunds. We reiterate per PRIMA SPORT CENTER refund policy there are no refunds offered once enrolled. The gym commits the training slot to your child. Once the session begins, it pays the instructors as well as operation expenses, even if your student does not attend.

_____ Timeliness: Classes start on time. The instructor needs all the time available to complete the lesson. If you arrive 5 minutes late, join right in. If the athlete arrives late, he/she may still participate in the training, but it is essential to warm up and stretch independently in the gym prior to joining the class upon arrival.

_____ Photography release: PRIMA SPORT CENTER may from time to time, use photographs of gymnasts and soccer players for marketing promotions, advertising purposes in flyers or publish photographs on the website, Instagram account or Facebook. Initial here ONLY IF YOU GIVE PERMISSION TO PRIMA SPORT CENTER TO USE YOUR ATHLETE'S PHOTOGRAPH FOR SUCH PURPOSES.

_____ Dress code: All team members must wear specific training uniform chosen by PRIMA SPORT CENTER. Absolutely NO JEWELRY, LOOSE CLOTHES, WATCHES ARE ALLOWED. HAIR MUST BE PULLED BACK INTO A BUN.

_____ Food: NO FOOD is permitted in the gym at any time. We do not allow gum, soda or junk food at any time.



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IT IS IMPOSSIBLE to completely eliminate the danger in gymnastics with padding, mats, spotting, coaching or supervising. We at PRIMA SPORT CENTER attempt to mitigate this by:

- **Following a tested, proven curriculum**
- **Testing and training our instructors and master staff**
- **Providing appropriate equipment and mats**
- **Maintaining a small students to instructor ratio**
- **Requiring students to be supervised at all times**
- **Knowing all about our instructors**

I have received and read the terms and policies of PRIMA SPORT CENTER, and have full understanding PRIMA SPORT CENTER's precautions and policy structures.

Full name (Please print): _____ Relationship to the child: _____

Signature: _____ Date: _____



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Release From Liability and Indemnity Agreement and Permission to Treat in an Emergency

Please read through carefully, initial each section and sign at the bottom.

In consideration for (child's name) _____'s participation in the activities provided by PRIMA SPORT CENTER, including competitions, I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. _____(Initial)

I acknowledge that I am the parent/legal guardian of the child identified above and voluntarily authorize my child to participate in gymnastic activities at Prima Sport Center. I have read Prima Sport Center warning of the dangers inherent in gymnastics/soccer and recognize that participating in gymnastics could involve risk of serious injury, which could be permanent. In consideration of my child's registration with Prima Sport Center activities, my child and I personally assume all the risks whether foreseen or unforeseen, in connection with my child's participation in this activity. We agree to **defend, indemnify, hold harmless, waive and release Prima Sport Center, together with its owners, officers, trustees, employees, agents and members, against all liability, claims, and causes of action arising out of or in any way connected with my child's participation in this activity.** _____(Initial)

Further, I assume complete responsibility for any property damage and/or personal injury caused by my child in connection with his/her participation in activities at Prima Sport Center. I have fully and accurately completed the Medical information section of my child's enrollment application and assert that my child has no physical condition that would prevent or hinder his/her participation. In the event of any injury, I authorize Prima Sport Center and its employees to administer first aid, contact the local 911 system, transport my child to a hospital, initiate medical



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treatment and hold my child until I can be notified. I understand this Release Agreement is a contract and shall remain in effect for the duration of my child's participation in Prima Sport Center activities. This agreement contains the entire agreement between the parties and supersedes any prior agreement whether written or oral. This release agreement shall bind my heirs, personal representatives, assignees, and all members of my family, including minors.

_____ (Initial)

Further, I recognize that at some time during the course of gymnastics in order to achieve proper body placement and correct training exercises, the assignees instructor to my child may inadvertently touch her person in an impersonal manner while performing a "spot. A "spot" is a traditional way to correct body alignment and maintain safety in the sport of gymnastics and is recognized as a gym policy.

_____ (Initial)

Further, I have inspected the facilities at Prima Sport Center and its equipment and accept them as being safe and reasonably suited for the purposes intended.

_____ (Initial)

I have fully informed myself of contents of this application and release from liability and indemnity agreement by reading before signing it.

Parent/Guardian: _____ Relationship to the child: _____

Signature: _____ Date: _____