



**Step 1. Family Information/Parent/Guardian/Billing Contact**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail (required) : \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Step 2. Participant Information**

1<sup>st</sup> Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Class: \_\_\_\_\_  
2<sup>nd</sup> Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Class: \_\_\_\_\_  
3<sup>rd</sup> Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Class: \_\_\_\_\_  
Special Medical Conditions/Allergies/Restrictions: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in activities at Horizon Gymnastics Club, Inc. d.b.a. Horizon Complex, I represent that I understand the nature of these activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, the driving to and from Horizon Complex or the negligence of the "releases" named below, and that there may be losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Horizon Gymnastics Club, Inc. d.b.a. Horizon Complex, its respective administrators, directors, agents, officer, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessees of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of each claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be balance, notwithstanding, shall continue in full force and effect.

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I authorize the use of any photographs, videos, etc. of the aforementioned person. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demand, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of any such claim.

**MEDICAL RELEASE**

I authorize Horizon Gymnastics Club, Inc., d.b.a. Horizon Complex, to seek medical treatment at the nearest Medical facility in case of emergency. I hereby release, discharge, covenant not to sue and agree to indemnify Horizon Gymnastics Club, Inc., its officers, agents, directors, and employees (RELEASE) and save and hold harmless each of the releaseses from all liability, claims, demands, losses, expenses, or damages on the minors account and my own caused by or alleged to be caused in whole or in part by the negligence of the releaseses.

**TUITION PAYMENT, ENROLLMENT, AND INSTALLMENT BILLING INFORMATION**

I understand if the above named person is enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Horizon class drop request. This document may be obtained from the Horizon office or downloaded off our website www.thehorizoncomplex.com. If I am dropping a class (with installment monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that Horizon does not give make-up classes, credits, and/or refunds for, but not limited to programs, classes, gymnastics, tumbling, cheerleading, dance, private lessons, birthday parties, field trips, competitions, parents night out, camps, preschool, or karate missed and/or cancelled due to holiday, vacation, illness, weather, or any other reason. Horizon does not issue refunds. All sales are final for any product and/or service purchased and/or provided by Horizon. Contingent on availability Horizon may issue a free pass to an open gym for a missed class. If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. We've found that during the course of a year this averages out nicely and is far less confusing payment arrangement for everyone concerned. I am responsible to make timely payments on my balances due on my Horizon account. From the date of registration forward my entire account balance shall be due the 1<sup>st</sup> of each month. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, Horizon will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$25.00. Payments will be processed with the payment method information I have chosen on the registration form that is kept on file with Horizon. If provided, an email notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify Horizon in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, I understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/attorney fees/court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$25.00 late/insufficient funds fee will be charged for all unpaid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Horizon to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, will be charged \$25.00 late fee each month until the account is paid in full or arrangements are made for payment. All currently enrolled students will be charged an annual registration fee of \$39 that will be posted to my account on the 1<sup>st</sup> of the month of my registration anniversary with Horizon. Horizon reserves the right to modify the terms of this agreement with written notice.

**Step 3. Payment and Installment Billing Information (This is a binding agreement. Please make your selection below.)**

I would like AUTOMATIC installment billing. Please charge my credit card the 1<sup>st</sup> of each month for my balance due and email me my receipt. Auto billing only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Horizon class drop request.

I will pay my account balance on or before the 1<sup>st</sup> of each month at the Horizon office. If my payment is not received on or before the due date Horizon will initiate AUTOMATIC electronic INSTALLMENT payments for any balances due on my account PLUS an administrative late fee of \$25.00. I understand that Horizon does not send a monthly bill and it is my responsibility to pay my account balance at the Horizon office. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Horizon class drop request.

I am registering for a program that is FREE or DOES NOT have installment monthly tuition at this time. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if I do enroll in a program that does have installment tuition I agree to the tuition payment, enrollment, and installment billing terms contained in this registration form and I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a Horizon class drop request.

**I have read and completely understand all terms and conditions of this agreement.**

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Visa or MC only \*\*Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition\*\*  
Credit Card Number: \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_ CVC: \_\_\_\_\_  
(for security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database)  
-----

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

---

STUDENT-ATHLETE NAME PRINTED

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).