



Georgia Gymnastics Academy
145 Old Peachtree Road Suwanee, GA 30024
770-945-3424

Kidz Night Out Policy/Procedures

Overview

Kidz Night Out is always held on the last Saturday of the month unless otherwise advertised due to holidays or other events taking place. It runs from 6:00pm-10:00pm with drop off beginning at 5:45pm. This event is designed to allow parents to drop off their child for a night of fun in the gym including a light snack, arts and crafts, and free time to play in the gym. Pre-registration is always required on or before the Thursday prior to the Kidz Night Out.

Payment Information

You have the option to make payments by cash, Visa/MasterCard, money order, or personal check (made payable to GEORGIA GYMNASTICS ACADEMY). Payment must be made on or before the Thursday prior to the Kidz Night Out.

Late Pick Up Fee Policy

GGA cannot be responsible for your child once the event has concluded. There will be a “late pick-up” fee of \$15 per first ¼ hour, and \$25 for every ¼ hour thereafter once the event has been completed.

Discipline

If a child is misbehaving, the first offense will result in a verbal warning. A second offense will result in “time-out” and the child will not be allowed to participate in the Kidz Night Out activities for the amount of time specified by the instructor. A third offense will result in a phone call asking the parent to pick up their child. GGA will not tolerate bullying of any kind. If any form of bullying is suspected, the parent will be called to pick up their child.

Inclement Weather

In the event of inclement weather, closing notices will be posted on our website, Facebook, and voicemail (be sure to let it ring until the voicemail picks up).

Viewing, Parking Lot, and Common Grounds

The viewing area of GGA is provided as a convenience to our clients and is self-monitored. Running, jumping, yelling, climbing and all other horseplay is strictly forbidden. All children

must be accompanied by an adult while in the viewing area. Parents are responsible for their children while in the viewing area, parking lot, and common grounds. Management does not take responsibility and is not liable for any injuries and/or lost and damaged personal property occurring in the viewing area, parking lot, or other common grounds of GGA. Please be considerate of others while at GGA. Management reserves the right to ask those not respecting these guidelines to leave.

Release of Liability

You understand that it is the express intent of the GEORGIA GYMNASTICS ACADEMY, INC. to provide for the safety and protection of your child and, in consideration of allowing your child to use these facilities, you hereby release the GEORGIA GYMNASTICS ACADEMY, INC., its officers, employees, teachers, and coaches for all liability from any and all damages and injuries suffered by your child while under the instruction, supervision, or control of the GEORGIA GYMNASTICS ACADEMY, INC.

Acknowledge of Risk

As a parent/legal guardian, you hereby consent to the person participating in the GEORGIA GYMNASTICS ACADEMY, INC. programs. You recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. You also realize that your child will be performing and training on all gymnastics events plus various other training devices including trampoline.

Medical Release

You specifically appoint GEORGIA GYMNASTICS ACADEMY, INC. to authorize emergency medical treatment for your child, to execute consent, orders or other documents for any medical procedure which is required to save the life of your child, or to prevent a deterioration of any existing or new medical condition, or to stabilize any medical condition, which may not deteriorate, as fully as you could if you were present. This acknowledgement of risk, waiver of liability, and medical release have been read thoroughly and understand completely, is signed voluntarily as to its content and intent.

Notice of Exemption

Georgia Gymnastics Academy, Inc. Is NOT a Licensed Child Care Facility. This program is NOT required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from State Licensure requirements.

Parent/Guardian Name (Printed) _____

Child's Name (Printed) _____

Parent/Guardian Signature _____ Date _____

GEORGIA GYMNASTICS ACADEMY

MEDICAL RELEASE FORM

Student's Name: _____ DOB: _____ Age: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Mother's Name: _____ Father's Name: _____

Any intolerance/allergy to food or medications? _____

Please elaborate: _____

Does the child have any medical conditions we should be aware of? _____

Please elaborate: _____

Fill out the following information so we may contact you quickly in the event of an emergency:

Who to call if parents cannot be reached:

Name/Relation: _____ Phone #: (____) _____ - _____

Child's Doctor's Name: _____ Phone #: (____) _____ - _____

Medical Insurance Company: _____ Policy # _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE:

As parent/legal guardian of _____, I hereby consent to the above person participating in the GEORGIA GYMNASTICS ACADEMY, Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline.

I understand that is the express intent of GEORGIA GYMNASTICS ACADEMY, INC. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release GEORGIA GYMNASTICS ACADEMY, INC., it's officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of GEORGIA GYMNASTICS ACADEMY, INC.

I specifically appoint GEORGIA GYMNASTICS ACADEMY, INC. to authorize emergency medical treatment for my child _____, to execute consent orders or other documents for any medical procedure which is required to save the life of _____, or to prevent a deterioration of any existing or new medical condition, or to stabilize any medical condition which may or may not deteriorate, as fully as I could if I were present. This acknowledgement of risk, waiver of liability, and medical release having been read thoroughly and understood completely, is signed voluntarily as to its content and intend.

Parent or Legal Guardian's Signature: _____

Date: _____