

Stage Right Performing Arts Studio
<https://www.stagerightpas.com/> 989-718-3222

GymnaStec's * dstecgymnastics@gmail.com * 989-305-0137

PARENT SIGNATURE/PROGRAM INFORMATION

Until further notice, masks must be worn by all staff/students/visitors in the building.

ATTIRE

Leotard and shorts or capris is the preferred attire for class. An acceptable alternative would be shorts or capris with a tucked-in shirt. Gymnastics shoes or socks must be worn during class. Bare feet are not acceptable. Long hair must be tied back. Students without appropriate apparel may not participate in class.

ARRIVAL AND DEPARTURE

Students should arrive in the building NO MORE THAN FIVE MINUTES prior to class time and should depart from the building NO MORE THAN FIVE MINUTES after class is over. Students under the age of ten must be picked up inside the building by an adult.

Parents are asked to wait for students outside of the gymnastics room unless parent involvement is requested for toddler programs.

BEHAVIOR

Proper behavior is expected at all times. Our facility use (for students as well as any family/friends in attendance) is limited to the gymnastics room and the restrooms. Any person or persons (students or those providing transportation for students) present in any other area of the facility or misusing designated areas will be asked to leave the building and the student will forfeit future gymnastics classes and payments made.

NO use of ANY other part of the building.

NO running in the building please.

NO food or drink is allowed in gymnastics room please.

PLEASE let me know of any accidental spills in the hallways so that I can notify the custodial staff.

NO chewing gum or candy is allowed in the gymnastics room please.

PAYMENT

Payment for six-week sessions must be paid three weeks in advance of the first session and submitted along with the Student Information sheet **and** the signed Parent Signature/Information sheet. No exceptions please. **Payment can be made online at <https://www.stagerightpas.com/> by using the Parent Portal OR mailed or dropped off at Stage Right PAS, 122 East Cedar Street, Standish, MI 48658. *If dropping off your payment, you must do so weekdays before 3:30. Checks should be made payable to Stage Right PAS.***

CLASS CANCELLATION

I will send out an email if class needs to be cancelled for any reason. Please make sure I have a correct email address for you. You may also call my home phone number (305-0137) if you are unable to contact me by email. If class must be cancelled for any reason, every reasonable effort will be made to reschedule the class when **both** the facility and staff is available to us. If we are unable to reschedule, there is no refund for cancellations.

PARENT INITIALS _____

DATE _____

ASSISTANCE/INFORMATION

Whenever possible, please contact me by email with any questions or concerns. If you have an urgent question or concern, please see me quickly before or after class. Otherwise, contact by email or phone will allow me to maintain my attention on my students during class time.

CONSENT WAIVER

I, the undersigned parent or guardian of

do hereby grant authority to the staff of Stage Right PAS, to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. It is understood that in some medical situations, the staff will need to contact the local emergency resource before I, my emergency contact, physician and/or other acting on behalf of me can be reached.

RELEASE

I, the undersigned parent or guardian, understand that gymnastics is an activity which I hereby acknowledge involves greater than normal risk of injury. In allowing my child to participate in gymnastics lessons through Stage Right PAS, I understand that he/she, in attending the classes and using the facilities, does so at his/her own risk. Stage Right PAS, its Owner, instructors, employees, and volunteers, shall not be liable for any damage arising in or about the premises from personal injuries sustained by the participant and/or those in attendance with or providing transportation for participant. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he/she does hereby fully and forever release and discharge Stage Right PAS, its Owner, instructors, employees, and volunteers from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the participation in gymnastics classes and/or use of the facilities.

PARENT SIGNATURE _____

DATE _____