



Therapeutic Gymnastics Booking Form

DATE: _____

PARTICIPANT NAME: _____ MALE / FEMALE

BIRTHDATE: _____ AGE: _____ ALLERGIES: _____

PARENT NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____ OTHER PHONE #: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

REASON FOR REQUEST: _____

DATES REQUESTED: Fall session (Sept-Dec) Winter Break Camps (Dec) Winter session (Jan-March) Spring Break Camps (March) Spring session (April-June) Summer session (July-August)

DAY/TIME REQUESTED: _____

PREF LOCATION: Millennium Tree House St. James

HOW DID YOU HEAR ABOUT THERAPEUTIC GYMNASTICS?

Website Word-of-mouth Kids Physio Group Other: _____

I AGREE TO PERMIT PHOENIX GYMNASTICS TO USE PHOTOGRAPHIC IMAGES AND VIDEOS OF MY CHILD PARTICIPATING IN VANCOUVER PHOENIX GYMNASTICS FOR PRINT, TELEVISED, OR ELECTRONIC USE

Yes No

Student Waiver & Release of Liability

I know of no medical reason which will prevent my child from participating in gymnastics.

I am aware that gymnastics by nature, involves a certain element of risk, which has a potential for bodily injury. A portion of the membership fee paid to *Gymnastics BC* is allocated for the provision of accident insurance.

By signing below, I acknowledge and agree to permit my child to participate in the programs offered at Vancouver Phoenix Gymnastics. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent(s) or Court-Appointed Legal Guardian(s) must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above. I certify that I, _____, am the Parent or Legal Guardian of the above minor.



Vancouver Phoenix Gymnastics Special Conditions Information Form



Name of Participant: _____ Date: _____

CONDITION This section is to be completed by a parent, guardian, caregiver, counselor, physician, physical therapist, occupational therapist or education/teacher who is familiar with the ability and limitations of the participant and/or qualified to conduct functional assessments of the participant.	NO	YES	Comments
Autism Spectrum Disorder			
Visual impairment			
Hearing impairment			
Developmentally Delayed			
Attention Deficit (Hyperactivity) Disorder			
Asthmatic (prone to attacks)			
Prosthesis			
Cerebral Palsy			
Developmental Coordinator Disorder			
Predisposition to seizures			
Downs Syndrome			
Sensory Processing Disorder			
Limited range motion due to injury, surgery, or other <i>Specify</i>			
Any other condition that is not already listed that could result in possible limitations during a gymnastics class <i>Specify</i>			

In order to effectively communicate with the participant, please complete the following:

1. Does the participant mind being touched? (i.e. spotting) Yes No
Due to the nature of the sport, some spotting is necessary for safety reasons.
2. Does the participant understand verbal instructions? Yes No Sometimes
3. Is your child verbal? Yes No Some
4. **What is the main goal for the participant?** (i.e. is the main goal physical fitness or social interaction?) Is independence in the class a final goal?

5. A gym is noisy, busy place. How does the participant react/respond in this type of environment? Is your child hypo- or hypersensitive to sensory stimuli?

6. What is the most effective method to correct the participant's behavior? (i.e. quiet time, stern voice, key words) Are there any methods to reward the participant?

7. Does the participant have any specific triggers, fears, or refusals? (i.e. loud noises, fear of heights) What are the symptoms to look for if the participant is confused, distressed, frightened, upset? What are the most effective methods to comfort the participant?

8. Often times other children ask why some children get their own special helper. Is your child aware of their diagnosis (if any)? Are you comfortable with other children knowing?

9. Other notes

If applicable, please attach Doctor/Occupational Therapist/Physiotherapist/ Behavioural Interventionist recommendations/diagnosis.

Email completed forms to alyssa@phoenixgymnastics.com, or drop off at our Millennium Facility at 4588 Clancy Loranger Way.

REGISTRATION & PAYMENT POLICIES

Therapeutic Gymnastics at Phoenix Gymnastics Club

- * The Therapeutic Gymnastics Program offers gymnastics opportunities for children aged 3-18 years old with a wide range of physical, cognitive and emotional special needs.
- * The Therapeutic Gymnastics Booking Form must be completed and participants must undergo a free-of-cost assessment before registering for any lessons.
- * Scheduling of any programming is contingent on qualified coach availability and gym space.

Services Offered

- * Lead Coach recommendation from assessment results is final.

One-on-One (1on1) Recreational Class Support – Class Tuition + \$12.00/hour (pro-rated)

- * Coach provides extra support and guides your child through the recreational class.
- * Registration is by session. There are four sessions in the year – Fall, Winter, Spring and Summer.

Private Lessons (PL) - \$50.00/60 minutes (pro-rated)

- * 30, 45 or 60 minutes options, weekly or every two weeks.
- * Registration must be scheduled for a minimum of one month at a time. I.e. we do not offer “one-off” PLs.

Payment

- * Families must have updated credit card payment information on file in order to schedule PLs or 1on1 support in recreational classes.
- * \$25.00 fee will be charged for returned cheques or declined credit cards. Please remember to keep your credit card information online up-to-date.
- * Full payment is required:
 - 1on1: **before the first day of the session or first day of attendance.**
 - PLs: on the **1st of each month.**

Club Registration Fee—\$52.00

- * Participants must purchase an annual Gymnastics BC/Phoenix membership, valid from point of purchase until August 31 of each year. This membership fee is non-refundable.

Cancelation & Withdrawals

- * **Cancelations**
 - o 1on1: we do not offer refunds or make-ups for classes missed due to illness or vacation

- o PLs: **24 hours of notice in advance** for 100% credit of a PL. In the case of injury or illness, we may credit 80% of the lesson with less than 24 hours notice if a doctor's note is provided. Please contact Special Needs Lead Coach or the front desk to confirm any cancellations. Speaking to your child's coach does not confirm a cancellation. We do not offer make-up lessons.

* **Withdrawals**

- o 1on1: of entire session - 80% of pro-rated balance
- o PLs: of entire month - 80% of pro-rated balance

Funding

* If payment is received from a funding agency, either by Phoenix Gymnastics or by the family, we will refund that amount received to the original method of payment by the family.

* Payment may be deferred in some situations if an authorization/approval letter from a funding agency can be provided.