



Private Lesson and 1:1 Booking Form

Policy Reminders

- 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 and not covered by funding agencies.
- Families must have *updated* credit card information on file in order to schedule private lessons/1:1 support. Payment for private lessons will be due on the 1st of each month or prior to the lesson.
- One week notice is required for full REFUND of a scheduled private lesson. 24 hours notice is required for full CREDIT of a scheduled private lesson. Please contact Special Needs administration or the Front Desk to confirm any cancelations. There are NO refunds or credits for 1:1s.
- All participants must undergo an assessment prior to registering for lessons.

DATE: _____

PARTICIPANT NAME: _____ MALE / FEMALE

BIRTHDATE: _____ AGE: _____ ALLERGIES: _____

PARENT NAME (if participant is under 18 years of age): _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____ OTHER PHONE #: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

REASON FOR REQUEST: _____

LOCATION: Millennium Tree House St. James TIME REQUESTED: _____

DATES REQUESTED: _____

COACH REQUESTED (optional): _____

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.

Signature: _____ Date: _____



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 Disorder			
Asthmatic (prone to attacks)			
Prosthesis			
Cerebral Palsy			
Muscular Dystrophy			
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. What is the participants learning style? Visual Auditory Kinesthetic
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 them off at our Millennium Facility at 4588 Clancy Loranger Way.