

MAPLE CITY GYMNASTICS CENTER
PERSONAL INFORMATION

REGISTRATION DATE _____

STUDENT'S NAME _____ PHONE# (____) _____

ADDRESS _____

CITY _____ STATE _____ AGE _____ SEX _____

STUDENT'S BIRTHDATE _____ WORK# (____) _____

FATHER'S NAME _____ WORK# (____) _____

MOTHER'S NAME _____ PHONE# (____) _____

FAMILY PHYSICIAN _____ PHONE# (____) _____

FAMILY DENTIST _____ POLICY# _____

INSURANCE COMPANY _____

EMERGENCY CONTACT PERSON: _____

NAME _____ PHONE# (____) _____

MY CHILD IS ALLERGIC TO _____

SHOULD THE STUDENT'S ACTIVITY BE RESTRICTED BECAUSE OF ANY PHYSICAL ILLNESS OR DEFECTY
YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

MY CHILD RECEIVES _____ MEDICATION _____ TIMES A DAY FOR _____

OTHER PHYSICAL OR MEDICAL PROBLEMS THAT MAPLE CITY SHOULD BE AWARE OF: _____

PLEASE CHECK REASON(S) FOR SELECTING OUR GYMNASTIC PROGRAM:

Fun and Recreation Improve Self-Confidence

Competitive Gymnastics Recommended by a Doctor or Teacher

Fitness (Strength, Flexibility, Balance, Etc.)

Supplementary Training for other sport or activity (such as Baton Twirling, Diving, Cheerleading, Wrestling, Football, Etc.)

Other: _____

FINANCIAL AGREEMENT
I understand that I am registering my child for the current session of gymnastics instruction at Maple City Gymnastics and, as such, I agree to assume all financial responsibilities.

I understand that I am responsible for the non-refundable annual membership fee and agree to make payment in full at the time of registration for tuition or make scheduled four week payments by payment due date so as not to be assessed late fees. Tuition fees are non-refundable after 1st class unless a documented injury or serious illness occurs. Tuition payments may be credited for future classes. Withdrawal from class requires a two week written notice.

I have read this contract and agree to the conditions set forth on behalf of my minor child.

Parent's Signature _____ Date _____

WRITTEN CONSENT FOR ILLNESS AND ACCIDENT

Hospitals require that parents or an adult guardian must give written consent before treatment of a "minor" (unmarried and under the age of 18) may begin, unless the situation is life threatening.

In case of an accident or illness, I hereby give my permission for a Maple City Gymnastics staff member to provide transportation (unbalance or personal car) for my child to a hospital's emergency room and to secure necessary emergency treatment including: x-rays, hospitalization, anesthesia, surgery or emergency transportation. ****ONLY**** if a staff member cannot reach me or I am unable to get to the hospital (i.e., I am out of town or child is competing at an away meet). If the accident occurs at Maple City Gymnastic Center, I would like Maple City staff to take my child to the hospital or health care facility listed below:

1st. Preference _____

2nd. Preference _____

If the accident or illness occurs outside Maple City Gymnastic Center (i.e., at an away meet), I would like a Maple City staff member to take my child to any hospital which is selected by a Maple City staff member.

In consideration of participation in the Maple City Gymnastic Program, hereafter known as "MCCG", and being allowed to participate in any class or team program, the parent(s) and/or legal guardian(s) of the minor participant named below agree:

- The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any MCCG activity or event and regularly thereafter, that he or she should inspect the facilities and equipment used, and if he or she believes anything to be unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
- Participant shall be instructed to and shall carefully review and follow all MCCG rules and USA Gymnastics Safety Guidelines.
- I/we fully understand and will instruct the minor participant that:
 - There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - These risks and dangers may be caused by the negligence of the participant or the negligence of others;
 - There may be other risks not known to us or that are not foreseeable at this time.
- I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of MCCG, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
- I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by MCCG.

I/WE HAVE READ THE ABOVE AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relationship) _____ Date _____

Printed Name of Participant: _____

Address of Participant: _____

Printed Name of Parent or Guardian: _____

Member Institution: Maple City Gymnastic Center City: Adrian State: Michigan