

Gym Nation Sports Academy Registration Form 2011-2012

For Office Use Only:

Child's Last Name _____

Parent's Name _____ Hm Ph (_____) Wk Ph (_____) Cell Ph (_____)

Parent's Name _____ Hm Ph (_____) Wk Ph (_____) Cell Ph (_____)

Address _____ City _____ State _____ Zip _____

Email Address _____

(Email is our primary means of communicating Gym Nation news & weather closures. We DO NOT sell our list)

How did you hear about us? Drove-by / Internet / Newspaper / Yellow Pgs. / Paper Friend (Last Name) _____ Other _____

1st Child's Name: _____ M/F Birthdate: ____/____/____ Level/Experience: _____ First Choice: Day/Time: _____ Second Choice: Day/Time: _____	2nd Child's Name: _____ M/F Birthdate: ____/____/____ Level/Experience: _____ First Choice: Day/Time: _____ Second Choice: Day/Time: _____	3rd Child's Name: _____ M/F Birthdate: ____/____/____ Level/Experience: _____ First Choice: Day/Time: _____ Second Choice: Day/Time: _____	First month's tuition and registration fees are due at the time of registration. (\$30 for one child, \$40 registration 2 or more children) 15% off second class or sibling class 1 st Child: \$ _____ 2 nd Child \$ _____ 3 rd Child \$ _____ +Annual Fee (\$30 or \$40) Total : _____
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Medical Information:

List any physical disabilities, chronic ailments, psychological disabilities and allergies for each child

Insurance Company Name: _____

Policy Number: _____

Person to call in an emergency if parents cannot be reached

Name: _____ Phone (_____) _____

Gym Nation 1303 1st ST NE Suite 102 Buffalo, MN 55313
763-682-1980 gymnation@verizon.net follow us on facebook

Release:

In consideration of M&K Gymnastics (dba Gym Nation) accepting my child into participation and training in Gymnastics, Dance, Cheer, Martial Arts, Wrestling or Open Gym, which are activities that I hereby acknowledge involve a greater than normal risk of injury. I agree as my child's parent or guardian to assume all risks, cost or losses sustained by me, or my child's family in connection with participation in any and all activities related to their participation at Gym Nation.

I give permission to M&K Gymnastics and / or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of M&K Gymnastics.

In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense.

I understand that in some situations, the staff will need to contact emergency resource before the parent, child's physician, and /or other adult acting on the parent's behalf.

WARNING! Catastrophic injury, paralysis or even death can result from improper conduct of the activity.

I hereby consent and authorize M&K Gymnastics to use photographs, and or other likenesses of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding Gym Nation programs, facilities or services. I also give permission for such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the Gym Nation website or Facebook page.

Further, I hereby release and agree to hold harmless and to indemnify M&K Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent Signature: _____ **Date:** _____