

Mattoon Academy of Gymnastics, Inc.

Registration Form

Student's Name _____ Birthdate _____ Age _____ M/F _____

Second Child _____ Birthdate _____ Age _____ M/F _____

Third Child _____ Birthdate _____ Age _____ M/F _____

Address _____ City _____ Zip _____

Parent's Name _____

Mother's Phone: _____ Father's Phone: _____

Can we use this number to text: _____ Can we use this number to text: _____

Person Responsible for Account _____

Billing Address _____ City _____ Zip _____

E-Mail Address _____

We use your email to communicate gym closures, bill payment, statements, etc.

Please list any health issues or other information that we should be aware of

Additional Phone Numbers:

Name _____ Phone _____ Relationship _____

Please read and initial:

I have read & understand the policies and fee structure of the program I am enrolling my child in _____

I understand that I must notify Mattoon Academy of Gymnastics, Inc by the 15th of the month when I no longer want my child to be enrolled in classes or I am responsible for the following month's charges _____

I understand that occasionally, Mattoon Academy of Gymnastics, Inc may take pictures for use on their website and it is my responsibility to notify the Academy if I do not want my child's picture used in any advertising _____

PLEASE SEE OTHER SIDE

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years

Athlete Membership Agreement and Information

Fill in all blanks, submit forms for current season only, bearing original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my membership to Mattoon Academy Gymnastics, Inc., and my participation in Mattoon Academy of Gymnastics, Inc. classes, events, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Mattoon Academy of Gymnastics, Inc.
2. Readiness to Participate: I will only participate in those Mattoon Academy of Gymnastics, Inc. classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercise and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to Mattoon Academy of Gymnastics, Inc. and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, activities and events. I further agree that the Mattoon Academy of Gymnastics, Inc., and the sponsor of any Mattoon Academy of Gymnastics, Inc. event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

I am a citizen of the U.S. Yes No Signature of Athlete _____

For any athlete who is not yet 18 years old: As a legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Mattoon Academy Gymnastics, Inc.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Club Waiver and Release Form

I fully understand that Mattoon Academy of Gymnastics, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Mattoon Academy of Gymnastics, Inc. to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by Mattoon Academy of Gymnastics, Inc. staff to call our doctor and to seek medical help, including transportation by a Mattoon Academy of Gymnastics, Inc. staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Mattoon Academy of Gymnastics, Inc. staff deem this to be necessary.

Parent or Guardian Signature: _____ Date ____ / ____ / ____

We, the staff of Mattoon Academy of Gymnastics, Inc. recognize our obligation to make our students and parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The Mattoon Academy of Gymnastics, Inc., its coaches and other staff members, will not accept any responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Mattoon Academy of Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Mattoon Academy of Gymnastics, Inc. and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Mattoon Academy Gymnastics, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date ____ / ____ / ____