



For Office Use Only

Registration Date: _____

Automatic Payment: _____

Students Name _____ Age ____ Birth date ____ / ____ / ____

School _____ Grade _____

Students Name _____ Age ____ Birth date ____ / ____ / ____

School _____ Grade _____

Address _____ Apt. _____

City _____ Zip Code _____ Telephone _____

E-Mail Address _____ @ _____

Mother's Name _____ Cell Phone _____

Occupation _____ Tel. _____

Father's Name _____ Cell Phone _____

Occupation _____ Tel. _____

Primary Medical Insurance Carrier _____ Policy # _____

Preferred Emergency Hospital _____

Please list any previous bodily injuries _____

Any Previous illness or injury the staff should be aware of? _____

If so, are there any restrictions? _____

If Parent cannot be reached, in an emergency notify:

Name _____ Tel. _____ Relation _____

How did you hear about MONTEREY GYMNASTICS: (Check which apply)

Web Phonebook Friend/Family Birthday Party Gymnastics Camps

If referred by friend or family member, please give their name _____

Please initial the following:

I have read and agree to the **MPGC Rules and Policies** and understand that;

_____ I must pay BEFORE the 1st of each month to receive the early payment discount.

_____ Two-week notice is required when dropping a class to avoid tuition charges.

Please return to: 220 Dela Vina Ave. Monterey, CA 93940 Tel. (831) 373-1694

(over)

Please mail or bring registration fee and 1st month's tuition *before your class*.
 If paying by check, please make payable to M.P.G.C., and write your child's name on it.

	First Student	Second Student 20% Discount	Total
Registration / Yr	\$	\$	\$
Tuition / Month	\$	\$	\$
<u>Total</u>	\$	\$	\$

First Student	1 st Choice of class	Day(s)		Time	
	2 nd Choice of class	Day(s)		Time	
Second Student	1 st Choice of class	Day(s)		Time	
	2 nd Choice of class	Day(s)		Time	
Assume that your first choice has been accepted unless otherwise notified.					

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of (child(n)'s name) _____, I consent to the
 aforementioned person(s) participating in the Monterey Peninsula Gymnastics Center program.
 I realize the potential for injuries including permanent paralysis or death in activities involving
 height or motion.

I understand that it is the express intent of M.P.G.C. to provide for the safety and protection of all
 students including my child(n). In consideration for my child(n) being allowed to use M.P.G.C.
 Gymnastics facilities, I hereby forever release M.P.G.C. and it's employees, from all liability for
 any and all damages *and* injuries occurring while under the instruction and supervision of
 M.P.G.C.

I understand that it is my responsibility to insure the safety of the aforementioned person(s) in
 the parking lot and that M.P.G.C. assume the responsibility within the premises.

As legal guardian for the aforementioned person(s), I hereby agree to individually provide the
 possible future medical expense, which may be incurred by my child(n) as a result of any injury
 sustained while training at or performing for M.P.G.C.

Parent or Legal Guardian Signature _____ date _____

PERMISSION TO TREAT (optional)

I give my permission to trained medical professionals to administer emergency medical
 treatment to my child, *should* sickness or accident occur in my absence.

Parent or Legal Guardian Signature _____ date _____