



<u>For Office Use Only</u>	
Trial	_____
Registration	_____
Auto Payment	_____

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Tel. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Tel. \_\_\_\_\_

Primary Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Emergency Hospital \_\_\_\_\_

Any previous illness or injury the staff should be aware of? \_\_\_\_\_

Please list any previous bodily injuries \_\_\_\_\_

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 all that apply)

Web  Phonebook  Friend/Family  Birthday Party  Gymnastics Camps

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

**Class Choice:**

<b>First Student</b>	1st choice of class	Day(s)		Time	
	2nd choice of class	Day(s)		Time	
<b>Second Student</b>	1st choice of class	Day(s)		Time	
	2nd choice of class	Day(s)		Time	

Assume that your first choice has been accepted unless otherwise notified.

**ACKNOWLEDGMENT OF RULES AND POLICIES**

**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.

**ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

As legal guardian of (child(n)'s name(s)) \_\_\_\_\_, 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 \_\_\_\_\_