

# MISMO GYMNASTICS

## REGISTRATION - 2011-2012

### Family Information

**Contact #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's primary Address? Yes  No  Please initial in the box for permission to contact you by email:

**Contact #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's primary Address? Yes  No  Please initial in the box for permission to contact you by email:

**BILLING INFORMATION** (if different from above) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

### Student Information

**1<sup>st</sup> Student:** \_\_\_\_\_ Male/ Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

**2<sup>nd</sup> Student:** \_\_\_\_\_ Male/ Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

**3<sup>rd</sup> Student:** \_\_\_\_\_ Male/ Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading. I am also aware that participation in day camps, meets, halftimes, competitions, and other performances involves transportation to and from events and as a result my child could be killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Mismo Gymnastics, Inc programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby COVENANT NOT TO SUE and FOREVER RELEASE Mismo Gymnastics, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child while under instruction, supervision or control of Mismo Gymnastics Inc., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Mismo Gymnastics, Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating at or for Mismo Gymnastics, Inc.

**\*\*I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement. Signed and dated by parent or legal guardian.**

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**My initials indicate I have received and understand information regarding Mismo's payment policies and procedures :**

*In an effort to give appreciation to those who recommend our programs, please tell us how you heard about Mismo.*

Friend/Family (name): \_\_\_\_\_ Child Care (name): \_\_\_\_\_ I am a former student: \_\_\_\_\_

Newspaper: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ Website: \_\_\_\_\_ TV: \_\_\_\_\_ Radio: \_\_\_\_\_ Mailer: \_\_\_\_\_

Performance/Community Event (name or location): \_\_\_\_\_

**\*If your child(ren) were to appear in a photo/video taken on our premise or at an event, are we free to use it for marketing purposes? YES  NO**

**\*May we call you with a prerecorded message to remind you about upcoming events & notify you of tuition due? YES  NO**