

2010/2011 Registration Form

Child's Last Name: _____ **First Name(s):** _____

Address _____

City _____ State _____ ZIP _____

Email _____

Mother's Name _____

Mother's (H) _____ (W) _____ (Cell) _____

Father's Name _____

Father's (H) _____ (W) _____ (Cell) _____

Health Insurance Company: _____ Policy#: _____

Physician: _____ Phone #: _____

Emergency Contact Name (not a parent): _____ Phone #: _____

Child Name: _____ Age _____ Male or Female Birthday _____

Medical Conditions/Allergies _____

Class Name: _____ Level _____ Day(s) _____ Time _____

***2nd Child Name:** _____ Age _____ Male or Female Birthday _____

Medical Conditions/Allergies _____

Class Name: _____ Level _____ Day(s) _____ Time _____

***3rd Child Name:** _____ Age _____ Male or Female Birthday _____

Medical Conditions/Allergies _____

***4th Child Name:** _____ Age _____ Male or Female Birthday _____

Medical Conditions/Allergies _____

Class Name: _____ Level _____ Day(s) _____ Time _____

Discount 10% for 2nd+ child in family Discount 20% for 3rd child in family; 4th child is FREE

FEES:

Annual registration per family (Sept-May): \$35.00 non-refundable Date Paid _____

Checks payable to: IGM or IGM Gymnastics

NOTE: Full payment is due by the first day of the session. There will be a \$25.00 late fee applied after the 5th day of the session if the balance remains unpaid. We do not give refunds or credits for missed or dropped classes.

RELEASE FORM

In consideration of IGM Gymnastics (International Gymnastics of Minnesota) accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, as my child's parent/guardian to assume responsibility for all risks, cost or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, lessons or meets.

I give my permission to IGM Gymnastics an/or appropriate medical facility to make whatever emergency (first aide, disaster evacuation, etc...) measures as judged necessary for the care and protection of my child while under supervision of IGM 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 deem it necessary. The child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other acting on behalf of the parent can be reached.

WARNING! CASTASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

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

Parent/Guardian Signature

Date