



Easter Egg Hunt Registration Form

Office Use Only: SD _____ CC _____ DM _____

Upon completion of this form please mail, fax or drop off to the office at IGM.

Child #1: _____ Medical Conditions: _____ Birthdate: ___/___/___

Child #2: _____ Medical Conditions: _____ Birthdate: ___/___/___

Child #3: _____ Medical Conditions: _____ Birthdate: ___/___/___

Parent/Guardian's Name(s) _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

E-mail Address _____

Emergency Contact _____ Phone _____

How did you hear about IGM? _____

Participation Fees:

Participant #1 _____ x \$25

Sibling(s) _____ x \$15

Referral Discount _____ x -\$5 (non-member at IGM)

TOTAL = \$ _____

*IGM does not offer refunds or credits for missed events.

Payment: Cash Check # _____ Credit Card

Types of cards accepted: Visa/MasterCard/Discover

Name on Card _____

Card # _____

Expiration Date ___/___ Security Code _____

I _____ (please print name), the parent/guardian of the child/children listed above, give permission for my child/children to participate in classes/events conducted at IGM Gymnastics. I understand and accept that this activity involves risks of serious injury, disability, or death. I fully release, waive, and discharge IGM Gymnastics, their instructors, directors and all others acting on their behalf from all claims or liability with regard to any personal injury that may be incurred by my child/children during this class/camp/event. I verify that my child/children is in good physical health and there are no limitations or medical conditions which would limit her/his participation in this class/camp/event. In the event of an injury or accident, I authorize IGM Gymnastics and/or appropriate medical authorities to take necessary emergency measures for the care and protection of my child while under the supervision of IGM Gymnastics. In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, the staff will need to contact the local emergency resources prior to the parent, physician, or other adult acting on the child's behalf. *I have instructed my child to follow instructions.*

Media Release: I hereby authorize IGM Gymnastics to use photos taken of my child/children for promotional purposes.

Parent's/Guardian's Signature: _____ Date: _____