



Preschool Party Registration Form



Child's Last Name: _____ **Today's Date:** _____

Child #1: _____ Medical Conditions: _____ Gender: M F DOB: __/__/__ Age: __

Child #2: _____ Medical Conditions: _____ Gender: M F DOB: __/__/__ Age: __

Child #3: _____ Medical Conditions: _____ Gender: M F DOB: __/__/__ Age: __

Parent/Legal Guardian Name: _____

Email Address: (Required) _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy # _____

How did you hear about IGM? _____

Ages: 3 years – 6 years **Cost:** \$15/child

Party Enrollment Fees:

_____ x \$15 = _____

TOTAL= \$ _____

Payment Type: **Cash** **Check #** _____ **Credit Card***

Card #: _____

Expiration: ____ / ____ CVV: _____

**IGM accepts VISA, MasterCard, & Discover*



Parent Permission & Release:

I _____ (please print name), the parent/guardian of child(ren) listed above, give permission for my child(ren) to participate in the sleepover event conducted at IGM Gymnastics. I understand and accept that this activity involves risks of serious injury, disability, or death. I have instructed my child to follow instructions. 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 is in good physical health and there are no limitations or medical conditions which would limit her/his participation in IGM's 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. Media Release: I hereby authorize IGM Gymnastics to use photos/videos taken of my child/children for promotional purposes.

Parent/Guardian Signature: _____ **Date:** _____