

IGM Gymnastics Waiver & Release:

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

I give permission to IGM Gymnastics and / or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of IGM Gymnastics.

In case of a medical 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 (police, rescue squad) deems it necessary. The child will be transported and treated at my expense.

I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I hereby consent and authorize IGM Gymnastics to use photographs, and or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding IGM Gymnastics programs, camps, events, birthday parties, facilities or services. I also give permission to use such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the IGM Gymnastics web site and other marketing materials.

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

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

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name _____



2012 - 2013 Registration Form

For Office Use Only: CC _____ SD _____ DM _____ ZZZ-Drop Date: ___/___/___ Reason: _____ START DATE: _____
IGM Gymnastics · 14305 Southcross Drive W. Suite 120 · Burnsville, MN 55306 · (952) 898-3889 · igmgymnastics@yahoo.com · www.igmgymnastics.com

Child(ren)'s Last Name _____

Parent's Name _____ Hm Ph (____) _____ Wk Ph (____) _____ Cell Ph (____) _____

Parent's Name _____ Hm Ph (____) _____ Wk Ph (____) _____ Cell Ph (____) _____

Address _____ City _____ State _____ Zip _____

E-mail Address (required) _____

How did you originally hear about us? Drive by Internet/Website _____ Flyer Friend _____ IGM Birthday Party
 LifeTime Fitness E-Newsletter Moved from another gym Returning Customer IGM Event _____ Other _____

1st Child's Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___/___/___ Age: _____ Full Class Name: _____ _____ Day: _____ Time: _____ Full Class Name: _____ _____ Day: _____ Time: _____	2nd Child's Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___/___/___ Age: _____ Full Class Name: _____ _____ Day: _____ Time: _____ Full Class Name: _____ _____ Day: _____ Time: _____	3rd Child's Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___/___/___ Age: _____ Full Class Name: _____ _____ Day: _____ Time: _____ Full Class Name: _____ _____ Day: _____ Time: _____	For Office Use Only: Payment for at least one child plus the \$35 Annual Registration Fee is due at the time of registration. 10% off 2 nd child, 20 % off 3 rd child (applied to lesser tuition total). The 4 th child is free (from the same immediate family). 1 st Child: \$ _____ 2 nd Child: \$ _____ 3 rd Child: \$ _____ Annual Fee: \$ _____ Discount/Coupon: - \$ _____ Total: \$ _____ by _____ Payment Date: _____ Taken By: _____
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MEDICAL INFORMATION

List any physical disabilities, ailments, disabilities and allergies for each child:

1st Child Name _____

2nd Child Name _____

3rd Child Name _____

Insurance Company Name: _____

Policy Number: _____

Person to call in an emergency in the event parents cannot be reached:

Name _____ Phone(____) _____

FEES:

Non-refundable \$35 Annual Registration Fee per family (September through August), renews every September. \$35 Insufficient Funds Returned Check Fee.

\$25 Late Fee is applied after the 7th day of session or month

CANCELLATION POLICY: IGM requires a two-week written notice of cancellation prior to the end of the session or month. If a timely notice is not received, you will be billed/charged for the next session's/month's tuition. IGM does not offer credits or refunds for missed classes/events. *If you are not 100% satisfied within the first 2 weeks of a session, we will gladly refund unused portion of your tuition less a \$ 5.00 processing fee. No refunds will be given after that date. Registration fee is non-refundable.*

I have read and understand IGM's Fees and Cancellation Policy:

X _____ Date: _____