

MERCURY GYMNASTIC REGISTRATION FORM

TODAY'S DATE _____

If this is your first time at Mercury Gymnastics, how did you hear about us?

Yellow Pages Birthday Party Magazine Open Gym

Other _____

Referral? Who? We would like to thank them.

1st Child's Name _____ Birth date _____ Age _____ M F

Class _____

2nd Child's Name _____ Birth date _____ Age _____ M F

Class _____

3rd Child's Name _____ Birth date _____ Age _____ M F

Class _____

PARENTS NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOTHER'S WORK OR CELL # _____

FATHER'S WORK OR CELL# _____

Please read and initial the following:

_____ **Make up Policy:** Missed classes will not be credited or prorated. However we do offer make-ups that must be done within a month of the missed class. These make-ups must be scheduled through the front desk.

_____ **Dropping Out:** In the event your gymnast needs to drop out of class or has missed two consecutive classes you are responsible for contacting the front desk. Failure to do so will cause you to be billed accordingly.

_____ **Payment Policy:** I understand that my payment reserves my child's class space and that I must pay in advance for classes.

_____ **Inclement Weather:** In cases of inclement weather, if the Park Hill School District (Park Hill R-5) closes, we will also close (unless it is for a very lengthy time) and make-ups may be scheduled through the front desk. If in doubt, you may phone the gym

_____ **Insurance Regulations:** Because of insurance regulations, anyone over the age of 18 will not be allowed on gym floor or equipment.

WAIVER AND RELEASE

I agree that Mercury Gymnastics, Inc., along with the employees, agents, officers, and directors of The organization shall not be liable for any injuries, losses, or damages occurring as a result of my child's participation in gymnastics, or a birthday party, except where such injury, loss or damage is the result of intentional or reckless conduct of the organization or individuals negatived above and I hereby waive and release any and all claims which may be made against Mercury. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as damages associated with participation.

As a legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics and/or a birthday party at Mercury Gymnastic, Inc.

Primary Insurance Carrier _____

Policy# _____

EMERGENCY CONTACT: (Other than parents)

Name: _____ **Phone:** _____

Signature of Parent/Guardian _____

Date _____

OFFICE USE ONLY

Registration Fee: _____

Tuition (1st Child): _____

Tuition (2nd Child): _____

Tuition (3rd Child): _____

Less 10% of Tuition if paying 3 months: _____

Total Due: _____