

2009-2012 Student Registration and Release Form

Parent Information

Parent/s Name/s _____
Address (street) _____ (city) _____ (state) _____
(zip) _____
Home Telephone _____ Cell Phone _____ Work
Phone _____
e-mail (we will not share this--for in-house purpose only) _____
May we e-mail you gym information (schedules, announcements, etc.)? YES NO
How did you hear of us? _____
May we use pictures of your child (nameless of course) for advertising/promotions? _____

Student Information (up to 3 kids per form, per family)

1. Student's Name _____ Sex _____ Age _____ Birthday _____
2. Student's Name _____ Sex _____ Age _____ Birthday _____
3. Student's Name _____ Sex _____ Age _____ Birthday _____
Address (street) _____ (city) _____ (state) _____ (zip) _____
Telephone _____ Additional Phone _____

Emergency Information

Emergency Contact (other than parent) _____ Telephone _____
Does the student have any medical conditions or taking any prescriptions to which we should be alerted? _____
If yes, please explain: _____

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in Michigan Elite Gymnastic Academy's (MEGA), and/ or other associated programs or events. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including martial arts, dance, gymnastics and related activities including tumbling and trampoline activities. That said, I agree to make my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions. I fully understand that MEGA's staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow MEGA's staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to call a physician and to seek medical help, including transportation by a MEGA staff member or its representatives, whether paid or volunteer, to any health care facility or hospital. I understand that it is the express intent of MEGA to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release MEGA, its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of MEGA. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's protection and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury. I also understand that safe, professional instruction often includes hands-on spotting to my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy.

Parent or Legal Guardian Date

NEW CUSTOMERS ONLY: Were you referred by a current family? IF YES, PLEASE STATE THEIR NAME HERE SO THEY CAN RECEIVE THEIR "REFERRAL" CREDIT!

Michigan Elite Gymnastics Academy
22475 Heslip Drive. • Novi, MI 48375 • 248-344-9344
www.mega-gym.com

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Class Enrollment

Student: _____

Class Choice:

Name of class _____ Day _____ Time _____

Student: _____

Class Choice:

Name of Class _____ Day _____ Time _____

Student: _____

Class Choice:

Name of Class _____ Day _____ Time _____

Annual Family Membership Fee: This is a non-refundable fee which is used to defray our administrative costs. The fee is \$40.00 for one child and an additional \$12.00 for the second child. The fee for the 3rd, 4th, 5th child...etc. is waived. Annual fees are due September each year. The membership fee includes such benefits as: tuitions discount coupons, unlimited \$10.00 referral coupons.

Family Discounts: Our goal is to serve our customers and provide the best services possible at the most affordable rate. When more than one immediate family member registers, you receive a 10% discount off the tuition total. This can be a significant savings!

Payment Method:

Cash _____ Check _____ Credit Card: Visa ____ MasterCard ____

Class Fee: _____

Membership Fee: _____ (\$40 or \$52)

Discounts: _____

Total: _____

Credit card on file option? Yes No

Card number: _____

Expiration Date: _____

Cardholder name: _____

Address (if different from registration)

Signature: _____ Date: _____

With your signature above, it is agreed that the charges authorized by the cardholder will not be disputed. It is also understood that you are enrolled in a program that has recurring monthly tuition charges on your account. You have the opportunity to pay by cash or check before the 19th day of each month. On the 20th day of each month, your credit card listed above will be charged. Recurring billing will continue until such time as there is written notice for discontinuation of the credit card on file program.

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