

FLYAWAYS GOLD GYMNASTICS

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|---------------------|-------|----|-------|
| CASH | VISA | MC | DISC |
| CHECK # | _____ | | |
| AMOUNT | _____ | | |
| DATE | _____ | IN | _____ |
| FOR OFFICE USE ONLY | | | |

Registration Procedures:

1. Complete the REGISTRATION form on this page. Flyaways Gold reserves the right to close or shorten a class due to lack of participation (less than four students)
2. Complete RELEASE of ALL CLAIMS form. This form must be dated, signed and on file before your child may attend class at Flyaways Gold.
3. Complete tuition portion of form. Payment must accompany registration. If the split payment option is chosen, a payment authorization form must be filled out at the time of registration. Payment process dates are as follows: September 26, 2011, October 31, 2011, January 4, 2012, February 13, 2012, April 16, 2012 & May 21, 2012
4. Deliver in person, mail or fax entire form to: Flyaways Gold Gymnastics, Inc, 255 7th Avenue N.W., Forest Lake, MN 55025, Ph (651) 464-8648 Fax (651) 982-6776

Information

Last Name _____ New Member? Yes / No Referred by? _____

Address _____ City _____ Zip _____

Mother's Name _____ Email _____

Home# _____ Cell# _____ Work# _____

Father's Name _____ Email _____

Home# _____ Cell# _____ Work# _____

Emergency Contact _____ Relationship _____

Home# _____ Cell# _____ Work# _____

Insurance Carrier _____ Policy# _____ Phone# _____

Medical Conditions we should be aware of? If so, please explain _____

Registration

1st Child Name _____ M / F Birthday / / Class Level _____ Day _____ Time _____

2nd Child Name _____ M / F Birthday / / Class Level _____ Day _____ Time _____

3rd Child Name _____ M / F Birthday / / Class Level _____ Day _____ Time _____

Tuition Enclosed

Registration Fee \$ 45.00 + 1st Child \$ _____ + 2nd Child \$ _____ + 3rd Child \$ _____ = _____

Total Due = _____

RELEASE OF ALL CLAIMS FORM

In consideration of permission granted to my child(ren) by Flyaways Gold Gymnastics Inc., and MD2B Inc. to participate in gymnastics & related activities under their supervision, I hereby release and discharge Flyaways Gold Gymnastics, Inc., and MD2B Inc. of Forest Lake, MN, it's and their agents, employees, officers, shareholders, directors, successors and assigns from any and all claims, demands, judgments and executions which the undersigned and/or the undersigned's child and/or the undersigned's family had may have, or claim to have, against Flyaways Gold Gymnastics, Inc., and MD2B their agents, employees, officers, shareholders, directors, successors and assigns, for all personal injuries, property damage and other damages, known or unknown, real or personal, caused by or arising out of the above-described gymnastics or related activities. I further agree to indemnify and hold Flyaways Gold Gymnastic, Inc., and MD2B Inc., and their agents, employees, officers, shareholders, directors, successors and assigns, harmless from and against any and all such claims, injuries or damages. I give permission to Flyaways Gold Gymnastics Inc., and MD2B Inc., to take whatever emergency (e.g. first aid, disaster evacuation) measures that are judged necessary for the care and protection of my child(ren) while under the supervision of the center. In case of 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 resource (police, rescue squad) deems it necessary. The child will be transported at the expense of your primary medical coverage. It is understood that in some medical situations, the staff will need to contact the local emergency resource before notifying the parent, child's physician, and/or other adult acting on the parent's behalf. I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance.

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

Signed: _____ Date: _____

Parent or Guardian Month/ Date/ Year