

# 2010-2012 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
May we use pictures of your child (nameless of course) for advertising/promotions? _____
<b>How did you hear of us?</b> _____

## 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) _____
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 the MEGA Fun and Fitness, Michigan Elite Gymnastic Academy's (MEGA), Motion Evolution or other adjunct 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, volunteers 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 _____
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**NEW CUSTOMERS ONLY: Were you referred by a current family? IF YES, PLEASE STATE THEIR NAME HERE SO THEY CAN RECEIVE THEIR "REFERRAL" CREDIT!**

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**MEGA Fun and Fitness/Michigan Elite Gymnastics Academy**  
22475 Heslip Dr. • Novi, MI 48335 • 248-344-9344

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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 3<sup>rd</sup>, 4<sup>th</sup>, child...etc, child is waived. Annual fees are due each year. The membership fee includes such benefits as: tuition discount coupons, unlimited \$10.00 discount referral coupons.

## Payment Method:

\_\_\_ **Check**    \_\_\_ **Cash**

**Credit Card:** **Visa** \_\_\_ **MasterCard** \_\_\_  
**Discover** \_\_\_\_\_

**Class Fee:** \_\_\_\_\_

**Monthly Fee** \_\_\_\_\_

**Membership Fee:** \_\_\_\_\_

**(\$40 or \$52)**

**Discounts:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Monthly 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 reoccurring monthly tuition charges on your account. You have the option to pay by check or cash by the 1<sup>st</sup> of the month. On the 2<sup>nd</sup> of the month, if your monthly payment has not been made, the credit card listed above will be charged.

The "drop" policy and the monthly payment have been explained to me and I agree to the terms and conditions set forth. \_\_\_\_\_ (customers signature)

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