

MGP GYMNASTICS REGISTRATION FORM

STUDENT INFORMATION

1st Child

First _____ Last _____ Age _____

DOB ____ / ____ / ____ Reason for enrolling: EXERCISE SOCIAL COMPETE SKILLS FUN

2nd Child

First _____ Last _____ Age _____

DOB ____ / ____ / ____ Reason for enrolling: EXERCISE SOCIAL COMPETE SKILLS FUN

3rd Child

First _____ Last _____ Age _____

DOB ____ / ____ / ____ Reason for enrolling: EXERCISE SOCIAL COMPETE SKILLS FUN

PARENT/GUARDIAN INFORMATION

Parent #1

Name _____ Email _____

Address _____ City _____ Zip _____

Cell # _____ Cell Carrier _____ Text? YES/NO

Parent #2

Name _____ Email _____

Address _____ City _____ Zip _____

Cell # _____ Text? YES/NO

TUITION AGREEMENT & PAYMENT POLICY

*I agree to pay tuition before the 1st of each month.

*I further understand that if tuition is not paid before the 10th of the month a \$10 late fee will be added to the balance of the account.

*There are no refunds after payment has been made.

*I further understand that if my payment is declined for any reason there will be a \$10 decline fee in addition to the \$10 late fee.

*I also understand if payment issues become routine I could be denied participation at MGP Gymnastics, LLC.

WAIVER / RELEASE

*I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation with MGP Gymnastics, LLC or under our supervision.

*I understand that participation in gymnastics and related activities involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. I am voluntarily registering my child(ren) to participate in the activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I hereby release MGP Gymnastics, LLC, it's affiliates, agents, owners, and employees from any liability for accidents that occur or are incurred while participating with MGP Gymnastics, LLC.

*I also understand MGP Gymnastics, LLC retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity, advertising, or any legitimate purpose.

I HAVE READ THE ABOVE TUITION AGREEMENT & WAIVER / RELEASE AND SIGN IT VOLUNTARILY.

Parent / Guardian Signature _____

Date _____

How did you hear about us?

Referred by:



MGP Gymnastics
8803 Old Hwy 60
Mountain Grove, MO 65711
(417) 926-3400