



*"Home of the World Champion  
& Olympian Chellsie Memmel!"*

# Registration Form

## Student & Enrollment Information:

Student Name:	Student Name:
D.O.B:                      Gender: M OR F                      Age:	D.O.B:                      Gender: M OR F                      Age:
Class Level:	Class Level:
Day:    Time:	Day:    Time:
ANY Allergies, MEDICAL, BEHAVIORAL OR SPECIAL NEEDS?	ANY Allergies, MEDICAL, BEHAVIORAL OR SPECIAL NEEDS?
Student Name:	Student Name:
D.O.B:                      Gender: M OR F                      Age:	D.O.B:                      Gender: M OR F                      Age:
Class Level:	Class Level:
Day:    Time:	Day:    Time:
ANY Allergies, MEDICAL, BEHAVIORAL OR SPECIAL NEEDS?	ANY Allergies, MEDICAL, BEHAVIORAL OR SPECIAL NEEDS?

## Family Contact Information:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship:	Relationship:
Phone #:	Phone #:
Email:	Email:
Home Address:	City:    Zip:
Emergency Contact:	Cell #:

## Summer Session & Membership Fee:

Membership Fee:	Family \$ 20 _____	Single Child: \$ 10 _____			
Class Tuition	1st Child:	2nd Child:                      -10%	3rd Child:                      -20%	4th Child:                      -20%	
Additional Classes same child	-15%	-15%	-20%	-20%	
Summer Class Totals:					
Grand Total with membership fee:					
Payment Method:	CC on File	CC	Check: _____	Cash	Staff: _____



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# Release AND Waiver of Liability Agreement

**PERMISSION/HOLD HARMLESS FORM:**

- I understand that the participation in gymnastics involves risk and possible injury. I understand and agree that M&M and their staff will assume NO responsibility for medical expenses or emotional problems that would interfere with participation in this program. I also agree to incur charges for this session. Initials: \_\_\_\_\_
- Hereby Release, waive, discharge and covenant not to SUE M&M Gymnastics, including its owners and employees, all for purposes herein collectively referred to as "Releases". FROM ALL LIABILITY, TO THE UNDERSIGNED AND THE PARTICIPANT (S), FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MYSELF OR THE PARTICIPANT(S). WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERS. Initials: \_\_\_\_\_
- Hereby agree to indemnify and save hold harmless the releases and each of them FROM any loss, liability, damage, or cost they may incur arising out of or related to ANY ACTIVITIES whether caused by the Negligence of releases or others. Initials: \_\_\_\_\_
- \*THE M&M GYMNASTICS PHOTO RELEASE FORM. I hereby grant M&M Gymnastics permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of M&M Gymnastics and will not be returned. Initials: \_\_\_\_\_

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ALSO ON BEHALF OF PARTICIPANT(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT, ASSURANCE OR GUARENTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GRATEST EXTENT ALLOWED BY LAW. IF I AM MARRIED, I REPRESENT AND AGREE THAT I AM EXECUTING THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND AUTHORIZATION AGREEMENT ON BEHALF OF MY SPOUSE FOR THE BENEFIT OR MY MARRIAGE AND FAMILY. IF THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK, INDEMNITY, AND AUTHORIZATION AGREEMENT IS BEING E-MAILED TO M&M GYMNASTICS, THOSE NAMES ENTERED ONTO THIS FORM BELOW ARE INTENED AS LEGALLY BINDING SIGNATURES.

- I have read and agree to M&M Gymnastics Rules & Policies, and Billing.

Parent/Legal Guardian: \_\_\_\_\_  
(Printed Name)

Parent/Legal Guardian: \_\_\_\_\_  
(Printed Name)

Parent/Legal Guardian: \_\_\_\_\_  
(Signature)

Parent/Legal Guardian: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_