

2011-12

# REGISTRATION FORM (2011-2012)

September 6, 2011 – June 16, 2012

You are registering your child/ren through June 16, 2012

\*\*\*PLEASE PRINT CLEARLY and LEGIBLY\*\*\*

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1. First Student \_\_\_\_\_ M or F Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Class Selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Returning member \_\_\_\_\_ New Member \_\_\_\_\_

2. Second Student \_\_\_\_\_ M or F Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Class Selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Returning Member \_\_\_\_\_ New Member \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail Address\*: PLEASE PRINT CLEARLY - \_\_\_\_\_ \*

**\*Important messages will be sent via E-mail this year.**

Emergency Contact Person \_\_\_\_\_ (Relation) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Alternate Payer \_\_\_\_\_ (other than parents)

Any Allergies or Medical Conditions \_\_\_\_\_ First Month's Tuition \$ \_\_\_\_\_

Date of last physical with a licensed physician \_\_\_\_\_ Deposit (Last Month) \$ \_\_\_\_\_

Checks made payable to KMC Inc. Check No. \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Please charge my credit card for the Total Payment (\*) due - \_\_\_\_\_ Total Payment \$ \_\_\_\_\_ \*

Visa/Mastercard # \_\_\_\_\_ Exp.Date \_\_\_\_\_ Signature \_\_\_\_\_

If you wish to have your card charged automatically each month for tuition, please complete a Credit Card Authorization Form available in the office.

**TO REGISTER – 1. Complete this form in its entirety, INCLUDING ALL SIGNATURES!**

**2. Mail or deliver registration form to the Gym with your check or money order or credit card information\*\***

**\*\* Payment must include first and last months' tuition, and the registration fee.**

### PAYMENT POLICY

1. There will be a \$5 Late Charge for payments received 10 days after your scheduled payment. There is a \$25 charge for checks returned for insufficient funds.
2. If you have not paid your child's tuition by the third class of the month he/she will not be permitted to participate in the class.
3. If your child is absent 3 consecutive times without notification, he/she will be dropped from the roster and you will be billed for the complete month.

### Club Waiver and Release Form

I fully understand the KMC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the KMC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the KMC staff to call a physician and to seek medical help, including transportation by an ambulance to a health care facility or hospital (specify preferred facility \_\_\_\_\_.) I hereby authorize and consent to first aid, x-rays, medical or surgical diagnosis or treatment and hospital care.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We, the staff of KMC recognize our obligation to make our students and their parent aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, Cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline and Cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. KMC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by KMC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against KMC and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. Insurance carrier \_\_\_\_\_ policy # \_\_\_\_\_

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. KMC will warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you agree to allow Karen Myers & Co., Inc. to use you/your child's likeness in a photograph taken on our premises in any or all of its publications, including website entries, without payment or any other consideration. Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE SIGN HERE \_\_\_\_\_

**Form must be completed in its entirety-including all signatures - in order for this registration to be processed.**