

Southern Michigan Gymnastics, L.L.C WAIVER Form

Today's Date _____ Class Level _____ Class Days & Times _____ Starting Date _____

Student	Sex	Age	Birth date	School	Grade
---------	-----	-----	------------	--------	-------

Address	City	Zip Code
---------	------	----------

CONTACT:

1st Parent or Contact	Home Phone	/	Cell Phone	Tuition \$ _____
-----------------------	------------	---	------------	----------------------------

2nd Parent or Contact	Home Phone	/	Cell Phone	Discount \$ _____
-----------------------	------------	---	------------	-----------------------------

Emergency Contact	Home Phone	/	Cell Phone	Registration \$ _____
-------------------	------------	---	------------	-------------------------------

Medical:	Physician	Hospital	Insurance	Total Due \$ _____
----------	-----------	----------	-----------	------------------------------

E-mail:	Amt. Enclosed. . . \$ _____
----------------	-----------------------------

Medical Problems or Allergies _____ Ck # _____

AUTHORIZATION OF MEDICAL CARE

We, the undersigned, certify that the applicant is in good health and may participate in activities at Southern Michigan Gymnastics & Fitness Center, LLC (SMG, LLC). In case of emergency requiring medical treatment, in case a parent cannot be reached, the staff of SMG, LLC may authorize medical care and treatment for the above named participant.

AGGREEMENT TO PAY / POLICIES AND PROCEDURES

CHILD'S SAFETY - Parent's are responsible for their child's behavior and their safety while on our premises...including parking lots, bathrooms, waiting areas, etc.
TUITION - Tuition is due the 25th of each month for the following month. If paid after the first of the month, a \$5.00 late fee will be applied per child. A student will not be allowed to take classes if their bill is more than 30 days past due.
MISSED CLASSES - I understand that there are no refunds or credits for missed or dropped classes once the session begins. I have read and understood these important policies.

CONSENT OF PARTICIPATION

As legal parent or guardian of _____, I give my consent for _____ to participate in the programs of SMG, LLC. I understand that participation in gymnastics, trampoline, dance, special events; camps, clinics, private lessons, Adult fitness classes and related activities may result in unavoidable injuries due to the heights and motions involved. I understand the dangers and risks of participation include, but are not limited to, muscle strains and tears, broken bones, partial and/or total disability, paralysis and death. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business and generally enjoy life. These risks and dangers may be caused by the negligence of the participant or the negligence of others. There may be other risks not known to us or are not reasonably foreseeable at this time. I / we accept and assume such risks and responsibility for the losses and / or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of SMG, LLC, guest coaches, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees. I / we agree that this Consent of Participation covers each and every event or activity sponsored by SMG, LLC, including adult fitness classes (barre, or other), parent night out, open gyms &/or camps or clinics. This student / participant has no problems that might compromise their safe involvement. Because of the dangers of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules to obey instructions.
 I as legal parent / guardian, or adult participant, have read the above warning and release and understand its terms. I understand the sport of gymnastics and other fitness classes / activities` involves many risks, including but not limited to those outlined above.
 In addition, various SMG staff members may take photographs of students and staff from time to time for use in various informational, promotional and advertising efforts (including displays and facebook). I agree to permit such use.

Parent, Legal Guardian, Adult Participant	Date
---	------

How did you hear about Southern Michigan Gymnastics? _____

Comments: _____