

MCA GYMNASTICS

7820 Caswell Rd
Byron NY 14422
585-409-1882

Fun Night Registration Form

Class: _____ Day: _____ Time: _____ Referring Family: _____

Participants Name: _____ Gender Female Male

Age: _____ Date of Birth: _____

Mothers Name: _____ Fathers Name: _____

Legal Guardian(s) Name: _____

Address: _____ City: _____ Zip Code: _____

Phone # _____ Cell # _____

Email Address: _____

Emergency Contact Person: _____ Phone # _____

Medical Insurance Co: _____ Policy # _____ Phone # _____

List any Allergies, Medication or Medical Problems _____

Are there any medical conditions which we should be aware of? Check one Yes No

If yes explain _____

Has the participant had a physical examination in the last three years? Check one Yes No

(MCA Gymnastics, LLC recommends that every student completes an annual physical examination.)

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

May we use the gymnast's photo on our website or in advertisements? No names will be disclosed. Check one: Yes No

Eligibility to participate in class at MCA Gymnastics, LLC requires a completed gymnast registration form with release of liability, a consent to treatment form and full tuition on or before the first day of class.

Participant: _____ Date: _____

If gymnast is not 18 years old, at least **one** parent or legal guardian of such person also must sign:
We certify that the information provided above is correct.

Name of Parent / Guardian

Signature of Parent/ Guardian

Date

Medical Release Form

I fully understand that **MCA Gymnastics** staff is not medical staff of any kind. With the previous in mind, I hereby release **MCA Gymnastics** staff to administer first aid to my child in the event of injury or illness. If necessary the **MCA Gymnastics** staff may seek medical help through the calling of an ambulance for said child should the **MCA Gymnastics** staff deem this to be necessary? I understand that neither **MCA Gymnastics**, its agents, employees nor servants shall be responsible for any medical expenses incurred on behalf of the above named student, and that I am responsible for all payments of medical expenses incurred.

Signature (Parent/Guardian) _____ Date _____

Liability Release and Indemnification:

In consideration of MCA Gymnastics, LLC allowing the gymnast to participate in sports activity, class, competition, and team, including non-gymnastics activities such as dance, cheerleading, swimming and playground activities (hereinafter referred to as the "activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in the release refers to both the gymnast and her or his parents or legal guardians):

- Acknowledgment and Assumption of Risks.** I understand that the activity involves risk of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the gymnast's actions or inactions, those of others participating in the activity, the conditions in which the activity takes place, the negligence of the "released parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the activity. I hereby give my approval of and consent to the gymnast's participation in the activity. I assume all risk and hazards incidental to the activity and to transportation to and from the activity.
- Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.
- Release.** I hereby release, acquit, covenant not to sue, and forever discharge **MCA Gymnastics**, it's owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity(collectively the "released claims").
- Indemnification.** I will defend, indemnify and hold harmless the released parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees(including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of or connected in any way with any of the released claims.

I have read all the rules set forth by MCA Gymnastics, and agree o abide by all the rules and set forth there in to accept the judgment of the program officials in this regards.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDEMNT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast _____ Date _____

Signature of Parent / Guardian _____ Date _____

Signature of Other Parent/Guardian _____ Date _____

I will also not allow non-participants in my care to play on any equipment or mats at anytime. I will also make sure that my child who is a student will also not play on equipment when not in a class or supervised by a staff member. _____ Parent Initials