

MD State Gym Enrollment Form

Today's Date
 ___/___/___

Athlete Member Information

Student's Name: _____ Last Name: _____ DOB: ___/___/___ Age: ___ Sex: M ___ F ___
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____@_____.com
 Parent #1: _____ Parent #2: _____ Insurance Carrier: _____
 Medical Conditions: _____ Uniform Size: Adult: ___L___M___S___XS Child: ___L___M___S___
 Emergency Contact: _____ Relationship: _____ Phone: (____) _____ - _____

Program

Gymnastics	Power Tumbling	Camps	Cheerleading	Adult Programs	Wrestling
Preschool Level 1 ___	Recreational 2 ___	Gymnastics ___	Recreational 1 ___	Fitness ___	Recreational ___
Recreational 2 ___	Recreational 3 ___	Sports ___	Competitive 2 ___	Gymnastics ___	Competitive ___
Competitive 3-10 ___	Recreational 3 ___	Cheer ___	Competitive 3 ___	Private Lesson ___	
Private Lesson ___	Private Lesson ___	Day ___	Private Lesson ___		
	Days	Times		Day / Time	
Classes	_____	_____	Trial Class	Date ____/____/____	Office: _____
	_____	_____		Program _____	
	_____	_____			

Please Read

Waiver and Release: I am aware of and appreciate the risks of injury, paralysis, and even death, and other damages with participation in a sports event. I release MD State Gym Inc. & employees from any claims, losses, or damages arising from participation in these events.

Medical Attention: I hereby give permission to MD State Gym Inc. to provide emergency medical services for this student if a guardian is not available.

Photographs and Videos: I give permission to videotape/photograph this student for the purpose of promotional/educational purposes only.

Authorization for Release: I authorize the release of medical info of this student MD State Gym Inc insurance carrier if accident should occur. Your child's personal medical policy is his or her primary coverage.

Agreement

Class Charge: _____ + Reg Fee _____ + Uniform Fee \$ _____ = Total \$ _____ (Cash ___ Visa ___ AMEX ___ Check ___)

\$ _____ Will be deducted from your account on the 1st of the month.

1 ___ 6 ___ 12 ___ Your agreement is for this many months. It automatically renews unless canceled before the renewal date.

1 ___ 2 ___ 3 ___ 4 ___ Your agreement is for this number of days per week.

OFFICE _____

Credit Card # _____ - _____ - _____ - _____ - Exp: ___/___/___ Street # _____ Zip: _____

Note: Payments are non refundable/ non transferable - Late payments are charged \$10.00 - Cancellation fee/ \$75 to end agreement - Changes/Cancellations must be before the 1st of month. make ups/ cancellations must be done in writing or via email only. Registration Fee Charged Annually

I understand and agree with the contents of this form. I have completed this form to the best of my knowledge and provided accurate information.

Printed Name of Guardian: _____ **OFFICE** _____

Signed Name of Guardian: _____ Date: ___/___/___

Office: Form Jack Rec Uniform Gmail ConCon Excell Quick Scan