



Mid-Columbia Gymnastics & Cheer Family Registration Form



Mother's Name _____ Home # _____ Work # _____ Cell # _____

Father's Name _____ Home # _____ Work # _____ Cell # _____

Street Address _____ City _____

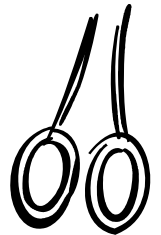
State / Zip _____ Email- _____

Emergency Contact (other than parent) _____ Phone _____

Child's Name _____ Birthday ____ - ____ Age _____ M F

Child's Name _____ Birthday ____ - ____ Age _____ M F

Child's Name _____ Birthday ____ - ____ Age _____ M F



Comments? Medical Issues? Anything our staff should be aware of? _____

How did you about us? Birthday Party Coupon Newspaper Indoor Playground Flyer Website Facebook

Referred By _____

I received a copy of the MCGA Rules and Policies sheet and am responsible for reading and understanding its contents.

Internet, Entertainment, Television, Media Waiver and Release

I give permission for my child to appear in ads, television, internet, website and other advertising material at Mid-Columbia Gymnastics Academy and Elite Force Cheer. I do not hold Mid-Columbia Academy Inc., it's owners, staff or advertisers responsible for any issues or problems that may occur.

Waiver and Medical Release

The activities of gymnastics, tumbling and cheer are physical activities that can cause injuries that are catastrophic in nature. Although steps are taken to prevent injury, they can occur. There are risks and dangers associated with participation in gymnastics or cheer, and activities associated with them, including travel and events held outside the buildings, that can cause bodily injury, partial or total disability, paralysis and death. To help us maintain our high safety standards, please discuss with your child the need for obedience and respect of the coach and facility at all times. This also pertains to parents, siblings and visitors.

I hereby, release, waive, discharge and covenant not to sue USA Gymnastics, event hosts, Mid-Columbia Gymnastics Academy Inc., it's owners, next of kin, employees, volunteers, other participants, and building owners.

I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance services or transportation to a hospital) and will allow authorizes hospital faculty and staff to treat my child in the event of an illness or injury when deemed necessary. I understand that all medical expenses are my responsibility as the parent or guardian for the child and Mid-Columbia Gymnastics inc. is not responsible for these expenses. **I have read and understand these policies.**

Signature of parent or legal guardian _____ Date _____

-Office Use Only-

Annual Registration Fee _____

Student _____ Class Code(s) _____ Prorated Tuition (this month) _____

Student _____ Class Code(s) _____ Monthly Fee _____

Student _____ Class Code(s) _____ Entered By _____