



Registration Form

Gym Magic, Inc.
2341 Entrada Del Sol
Las Cruces, NM 88001
Phone: (505) 523-1616
Fax: (505) 523-6162

...a great place to grow

Student Name: _____ **Sex:** F M **Birth Day/Age:** _____ / _____
(Last) (First) (DOB) (AGE)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

School currently attending: _____

Parents Residing w/ Child: HOME PHONE#: (____) _____

Parents Residing W/Child:

Mom's (name): _____ Home #: (____) _____ Cell #: (____) _____

Work #(____) _____ Place of Business : _____ Occupation: _____

E-Mail Address: _____

Dad's (name): _____ Home #: (____) _____ Cell #: (____) _____

Work #(____) _____ Place of Business : _____ Occupation: _____

E-Mail Address: _____

Additional Family Parent Information (Step parents or second family)

Mom's (name): _____ Home #: (____) _____ Cell #: (____) _____

Work #(____) _____ Place of Business : _____ Occupation: _____

E-Mail Address: _____

Dad's (name): _____ Home #: (____) _____ Cell #: (____) _____

Work #(____) _____ Place of Business : _____ Occupation: _____

E-Mail Address: _____

Emergency contact name: _____ **Phone:** (____) _____ **2nd Phone:** (____) _____ **Relationship:** _____

How did you hear about Gym Magic? _____

I give permission to Gym Magic to use pictures of my child in any advertisement, brochure or other publication. **Yes** ___ **No** ___

Student Health Information

Does the student or any family member participating in any of Gym Magic's activities have physical or mental limitations requiring special consideration? Yes ___ No ___

If yes, please explain _____

Allergies (including food): _____

Regular Medication: (please list) _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Please check one: ___ Health Insurance ___ No Insurance ___ Medicaid/Welfare

Name of Insurance: _____ Phone:(____) _____

In case of injury or sickness, I give permission for my child, _____, to have emergency medical or dental treatment, including transportation to a medical facility. I also assume full responsibility for payment of any such treatment.

Parent or Legal Guardian's Signature _____ **Date** _____

Please Initial Each of the Following:

_____ I understand I am to pay my student's tuition in full by the Priority Due Date (PDD) in order to guarantee their class day and time.

_____ Partial payment plans are offered through the office.

_____ I understand the above student will be automatically dropped from her/his class(es) if I do not pay for the new term by the PDD.

_____ I understand a \$25 late fee will be charged during the second week of each month for those who pay monthly.

_____ I understand there is a **nonrefundable** \$35 annual registration fee (\$25 for the first sibling and free for all others).

_____ I understand there is a \$30 fee for all returned checks.

_____ I understand make-ups are scheduled during Open Gym or Friday Family Night Swim (for swim students). **There are only two make-ups allowed per term, per child.**

_____ I understand there are no refunds or credits given for dropping a class once the Term has started.

_____ I have read, understand and agree with the above requirements.

Gym Magic, Inc.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming and adult fitness. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps/preschool involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child or myself to be taken to a hospital for medical treatment and I hold Gym Magic Inc., and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

Parent , Legal Guardian's Signature _____ Date _____

Pick up authorization:

Name: _____ Work #: _____ Home #: _____ Cell #: _____
Relationship: _____

Name: _____ Work #: _____ Home #: _____ Cell #: _____
Relationship: _____

Name: _____ Work #: _____ Home #: _____ Cell #: _____
Relationship: _____

Name: _____ Work #: _____ Home #: _____ Cell #: _____
Relationship: _____