

REGISTRATION FORM



5 Northwest Drive
 Plainville, CT 06062
 Tel: 860.793.1616
 Fax: 860.793.1717
 FVGandMore@gmail.com

STUDENT INFORMATION

Home Phone (____) _____ **Mom/Guardian** _____ **Cell** (____) _____
 Address _____ **Occupation/WorkPlace** _____ **Work** (____) _____
 _____ **Dad/Guardian** _____ **Cell** (____) _____
 Town _____ Zip _____ **Occupation/WorkPlace** _____ **Work** (____) _____

Emergency Contact _____ Emergency # (____) _____ Relationship to Child _____

Email **(PLEASE SEE BACK PAGE)** Medical conditions/allergies we should be aware of (including food): _____

1st Child's Name _____ Sex ____ Age ____ DOB ____/____/____

2nd Child's Name _____ Sex ____ Age ____ DOB ____/____/____

Insurance Company: _____ **Insurance #** _____

Program Info: Fall ____ Winter ____ Spring ____ Summer ____ Camp ____ Open Gym ____ Activiy ____

1st Child

1st Choice: Program: _____ Grade: _____ Day: _____ Time: _____

2nd Choice: Program: _____ Grade: _____ Day: _____ Time: _____

2nd Child

1st Choice: Program: _____ Grade: _____ Day: _____ Time: _____

2nd Choice: Program: _____ Grade: _____ Day: _____ Time: _____

PAYMENT INFORMATION

Annual Registration Fee \$20.00 individual / \$30.00 Family Fee \$ _____

1st Child - Tuition \$ _____

2nd Child / Program - Tuition (5% off second family member / 10% multiple program - lowest fee only) \$ _____

Total \$ _____

Registration Fee Non-transferable or refundable
 Deposits Non-transferable or refundable
 No refunds after second class

Payment Options: Checks- (preferred form of payment)
 Cash, Debit, Master Card, Visa & Discover

ASSUMPTION OF RISK * WAIVER OF LIABILITY * MEDICAL AUTHORIZATION * PHOTO RELEASE

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren) and I to participate in any and all Farmington Valley Gymnastics & More, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child(ren) and I participation I hereby, for myself and my child(ren) and our heirs and successors, Covenant Not to Sue and forever release Farmington Valley Gymnastics & More, LLC its officers, directors, employees, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Farmington Valley Gymnastics & More, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Farmington Valley Gymnastics & More, LLC.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Farmington Valley Gymnastics & More LLC publicity and advertising.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE and I voluntarily affix my name in agreement.

Parent/Legal Guardian:

Print Name _____ **Signature** _____ **Date** _____

How did you hear about us? _____ Office only / Form of payment _____ / /

