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2017 Summer 1/2 Day Program Registration Form

Gymnast's Name _____ D.O.B. ____/____/____ Sex M F

Parent/Guardian Name _____ T-Shirt size _____

Address _____

City : _____ State _____ Zip _____

Email Address _____

Home Phone (____) _____ Cell Phone (____) _____

Please list any allergies or medical conditions that we should be aware of: _____

Instructions: Circle the programs that you wish to register

MULTI WEEK DISCOUNT: Half Day - \$5 Sliding discount each add. Wk. Example \$100,\$95,\$90 etc

Multi Week Discount Valid for full week registrations received by May 1, 2017

Week	Dates	1/2 Day Age 5+	Themes
		9:30-12:00	
		\$185 or \$42/day	
		2 day Minimum	
1	June 26 - June 30	M T W TH F	Totally 80's
2	July 5- July 7	MGC Closed this week	
3	July 10- July 14	M T W TH F	Circus
4	July 17- July 21	M T W TH F	MGC Mystery
5	July 24- July 28	M T W TH F	Wild West
6	July 31 - Aug 4	M T W TH F	Treasure Island
7	Aug 7- Aug 11	M T W TH F	Newspaper Fashion
8	Aug 14- Aug 18	M T W TH F	All Star Sports
9	Aug 21- Aug 25	M T W TH F	Ninja Warrior

Total weeks _____ X \$ 50.00/wk Deposit = \$ _____

Credit Card V MC Card # _____ Ex. Date ____/____

Medical Conditions:

Please list any medical conditions or allergies we should be aware of: _____

Permission to participate and Indemnity:

I, _____, parent/legal guardian of _____, and _____, give permission for said son's/daughter's participation at Massachusetts Gymnastics Center, LLC. I understand that gymnastics is a sport that involves height, rotation, and other movements of the body, therefore, there are inherent risks involved. I attest to my son's/daughter's sound health of mind and body and I authorize Massachusetts Gymnastics Center to seek medical treatment at the nearest medical facility in case of emergency. Every effort will be made to promptly notify parent/legal guardian of such emergency. I agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to any injury to any member of my family, including any of my minor children. I also agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to the use by me or any member of my family, including any of my minor child of Massachusetts Gymnastics Center, LLC. facilities, or arising out of or relating to my participation with Massachusetts Gymnastics Center, LLC., or with my child's use of the Massachusetts Gymnastics Center, LLC. facilities.

Parent/Legal Guardian Signature _____ Date _____

Photo/Video Consent and General Release Form

I hereby authorize Massachusetts Gymnastics Center, LLC to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words) in its own promotional materials. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Parent/Legal Guardian Signature: _____ Date: _____