



TURNERS GYMNASTICS REGISTRATION FORM

Class		Day		Time		Session	
Class		Day		Time		Session	
Class		Day		Time		Session	
Tuition	Discount/Prorate	Registration Fee	Total	Payment Type	Date	Staff	

MADISON TURNERS WAIVER & RELEASE OF LIABILITY

Participant's Name 1.			Date Of Birth		Gender	
2.						
3.						
Parent/Legal Guardian 1.			Phone Number		Email	
Parent/Legal Guardian 2.			Phone Number		Email	
Home Address				City/State		Zip
Pre-Existing Medical Conditions (i.e allergies/asthma/epilepsy)						
Emergency Contact			Emergency Phone #		Hospital	Health Insurance

Waiver of Liability and Assumption of Risk: I understand that participation in sports activities, including gymnastics, volleyball, and martial arts can involve risk and possible injury. While we at Madison Turner's, Inc. are dedicated to providing a safe environment and the incident of injury is rare, I understand that accidents can occur which may result in serious or permanent injury. Even under the best of conditions, I understand there can be no guarantee of an injury free program. I release Madison Turner's Inc., its directors and staff from liability for any injury sustained by myself or my child while under their instruction, supervision, or control, and from liability for any medical or other expenses, which may result from injury. I agree to hold harmless and indemnify Madison Turner's Inc. its directors and staff for any losses, damages, attorney fee, and any other costs incurred in connection with claims of injury which may result from my or my child's participation in this program.

Authorization of Medical Care: In case of injury or illness while attending Madison Turner's Inc. sports programs, if I cannot be reached, I authorize and desire medical care for the above participant child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Appropriate Behavior: Children are expected to behave in a manner that is respectful of staff, fellow participants and our facility, and I understand that displays of anger, emotional or physical outbursts, inappropriate language or physical contact is not allowed. I agree to promptly leave the premises with my child if I cannot correct the inappropriate behavior.

Photographs: I authorize the use of my own or my child's visual image for Madison Turners use only.

Agreement to pay: Full payment must be received on the first day of class of each new session unless otherwise agreed by management. \$20 late fee will be added on to any monthly account after the 21st of each month.

Parent's/Guardian's Signature _____ **Date** _____