



# REGISTRATION 2021-2022 \$30

(Check One)

Male Female

(Check One)

Male Female

Student Name

Age

Birth Date

Student Name

Age

Birth Date

Day and Time Desired (1<sup>st</sup> choice honored unless notified)

2<sup>nd</sup> choice

Private Lesson

Trial

Open Gym

Parent/Guardian Name

Phone Number

Parent/Guardian Name

Phone Number

Address

City

State

Zip Code

Email Address

COVID-19: Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of COVID-19; however, The Studio cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending MAGC could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending MAGC and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at MAGC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MAGC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAGC or participation in MAGC ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless MAGC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MAGC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MAGC program. Permission Statement : My child/ren has permission to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for MAGC officials to call a doctor and /or the parents for treatment in the event of an emergency. I further agree not to hold any MAGC official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on MAGC premises. **Make-ups will be limited and not guaranteed.** No refunds or pro-rates will be given for missed classes. Missed make-ups cannot be rescheduled. Make-Up classes are offered only during the enrollment of the child, and only if there is a space available in another class of the same level. If you know your child(ren) will be missing a class you may schedule the make-up prior to the absence. We regret the possibility that there may be a time we cannot offer a make-up due to the lack of space in our program. Conflicts with schedules or other activities are not eligible for credits or refunds. MAGC must be notified for any missed classes within 24 hours. If not notified, the above policy for a makeup is exempt. Return check fee and ANY refund: \$35. Any credits given must be used within same fiscal year. Withdraw after first week, no refund. Withdraw within first week 50% refund. I do here verify that I fully understand and accept the above statements and the guidelines.

Parent/Guardian Signature

Date



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