

Kathy Corrigan's School of Gymnastics

Reach for the Stars Skills Development Program

Class Enrollment Form

| Name | M/F Male or Female | Age Upon Enrollment | Date of birth | Class Type Mom & Me, Gym Tot, Girls or Boys, Team | Day & Time |
|-----------------------------|--|---------------------------|------------------|---|------------|
| 1 st Child _____ | _____ | _____ | _____ | _____ | _____ |
| 2 nd Child _____ | _____ | _____ | _____ | _____ | _____ |
| 3 rd Child _____ | _____ | _____ | _____ | _____ | _____ |
| 4 th Child _____ | _____ | _____ | _____ | _____ | _____ |
| EMAIL _____ | Best Telephone Contact & Name _____ | | | | |
| Secondary EMAIL _____ | Secondary Telephone Contact & Name _____ | | | | |
| Mailing Address _____ | | | | | |

HOW DID YOU HEAR ABOUT OUR SCHOOL? Circle: (Word of Mouth/ Friend), (Internet), (Facebook) **Other:** _____

I hereby grant consent and authorize the use of photographs and film clips of my child (children) and/or ward(s) participating in Kathy Corrigan's School activities and at home or away competitions for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote Kathy Corrigan's School Programs and/or recognition of participants.

SIGNATURE of Parent/Legal Guardian _____

** If there are any physical or psychological concerns (recent injury, medical condition, fears, anxiety, visual, hearing or motor impairment); please list below for each child enrolled so that we can better accommodate specific needs and concerns. Please update as needed.**

I certify that I am not aware of any behavioral issue that would prevent my child (children) and/or ward(s) from safely participating in a seven to one student/teacher ratio for instruction. All information that I have provided is true and complete to the best of my knowledge. I also understand that a two week written notice is required to discontinue the program.

SIGNATURE of Parent/Legal Guardian _____

RELEASE AND AUTHORIZATION FORM

Release and authorization made this _____ Day of _____ 20__ BY _____
Day Month Year Parent/Legal Guardian

Parent/Legal Guardian of _____ of _____
Child(ren)/Ward(s) Town

In consideration of the permission granted to my child (children) or ward(s) to enroll and participate as a student in the Kathy Corrigan's School of Gymnastics and Dance Inc., I hereby release and hold harmless the Kathy Corrigan's School of Gymnastics and Dance Inc., its employees, instructors, agents, directors and officers from any claims, demands, liability, harm, injury/damage which may result to my child(children) or ward(s) while enrolled as a student of this school and including all risks connected therewith.

I fully understand that my child(children) and/or ward(s) assume all the risks in connection while enrolling and participating in the activities of this school. I understand that any activity which involves motion, rotation, height or inversion may cause serious accidental injury.

I further certify that my child(children) or ward(s) have undergone a complete physical examination within the last year and that my child(children) or ward(s) are not suffering from any condition or disease which might increase the risk of injury or accident by participating in the activities of this school. I also agree to obtain individual health and accident insurance that will cover me for gymnastic activities.

I, the undersigned, have read this release and authorization and understand its terms. I execute it voluntarily and with full knowledge of its significance. In witness thereof, I have executed this release at Rockland, MA the day and year first written above.

Signed _____ Witness _____