## Kathy Corrigan's School of Gymnastics

## Reach for the Stars Skills Development Program Class Enrollment Form

|   |   | Class Lill Ol                                      | iiiieiit i oiiii   |   |  |
|---|---|--|--|---|--|
| Name  | <b>M/F</b><br>Male or<br>Female                   | Age<br>Upon<br>Enrollment                          | <b>Date</b> of birth                                     | Class Type  Mom & Me, Gym Tot, Girls or Boys, Team  | Day & Time   |
| 1 <sup>st</sup> Child   |   |  |  |   |  |
| 2 <sup>nd</sup> Child   |   |  |  |   |  |
| 3 <sup>rd</sup> Child   |   |  |  |   |  |
| 4 <sup>th</sup> Child   |   |  |  |   |  |
| EMAIL   |   | Best Tele  | ohone Contact &  | Name  |  |
| Secondary EMAIL   |   | Secondary  | Telephone Conta  | act & Name  |  |
| Mailing Address   |   |  |  |   |  |
| HOW DID YOU HEAR ABOUT OUR SCHOOL? CI   | rcle: (Word o                                     | f Mouth/ Frier                                     | nd), (Internet), (Fa                                     | acebook) Other:   |  |
| School activities and at home or away compet publicity that will promote Kathy Corrigan's Sc SIGNATURE of Parent/Legal Guardian*  ** If there are any physical or psychological collist below for each child enrolled so that we call | chool Progran                                     | ns and/or reco<br>nt injury, medi                  | gnition of partici                                       | pants.<br>ars, anxiety, visual, hearing or mot  | or impairment); please   |
| I certify that I am not aware of any behav<br>in a seven to one student/teacher ratio fo<br>knowledge. I also understand that a two v<br>SIGNATURE of Parent/Legal Guardian   | or instruction<br>week writte                     | n. All informa                                     | tion that I have   | provided is true and complete   |  |
| SIGNATORE OF Furcing Legal Guardian   |   | AND AUT  | HORIZATION   | I FORM  |  |
| Release and authorization made this   |   |  | 0 BY<br>Year<br>_ of                                     | Parent/Legal Guardian Town  |  |
| In consideration of the permission granted Corrigan's School of Gymnastics and Dar Dance Inc., its employees, instructors, age may result to my child(children) or ward(s   | nce Inc., I he<br>ents, director<br>s) while enro | ereby release<br>rs and officer<br>olled as a stud | and hold harmle<br>s from any clair<br>lent of this scho | ess the Kathy Corrigan's Schooms, demands, liability, harm, in pol and including all risks conn | ol of Gymnastics and<br>ajury/damage which<br>ected therewith. |
| I fully understand that my child(children) activities of this school. I understand that 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.

| Si | gned | Witness |  |
|----|------|---------|--|
|    |      |         |  |