



# 2011/2012 Registration Form

Gym Magic, Inc.  
2341 Entrada Del Sol  
Las Cruces, NM 88001  
Phone: (575) 523-1616  
Fax: (575) 523-6162

*...learn, laugh & grow*

Student Name: \_\_\_\_\_ Sex:  F  M Birthday/Age: \_\_\_/\_\_\_/\_\_\_ (\_\_\_\_)  
(Last) (First) (DOB) (AGE)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Parents Residing w/ Child: HOME PHONE #: (\_\_\_\_) \_\_\_\_\_

### Parents Residing W/Child:

Mom's (name): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(E-mails are used solely by Gym Magic for the purpose of sending out coupons, discounts, special events or new information.)

Work #(\_\_\_\_) \_\_\_\_\_ Place of Business : \_\_\_\_\_ Occupation: \_\_\_\_\_

Dad's (name): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work #(\_\_\_\_) \_\_\_\_\_ Place of Business : \_\_\_\_\_ Occupation: \_\_\_\_\_

### Additional Family Parent Information (Step parents or second family)

Mom's (name): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #(\_\_\_\_) \_\_\_\_\_ Place of Business : \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dad's (name): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #(\_\_\_\_) \_\_\_\_\_ Place of Business : \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ 2nd Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(OTHER THAN PARENT)

How did you hear about Gym Magic? \_\_\_\_\_

### Audio and Image Consent

**By my attendance in class, I am granting my permission for me and my child to be filmed, audio taped, or photographed by any means and are granting full use of our likeness, voice, and words without compensation.**

### Student Health Information

Does the student or any family member participating in any of Gym Magic's activities have physical or mental limitations requiring special consideration? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Allergies (including food): \_\_\_\_\_

Regular Medication: (please list) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check one: \_\_\_ Health Insurance \_\_\_ No Insurance \_\_\_ Medicaid/Welfare

Name of Insurance: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Group No. \_\_\_\_\_

In case of injury or sickness, I give permission for my child, \_\_\_\_\_, to have emergency medical or dental treatment, including transportation to a medical facility. I also assume full responsibility for payment of any such treatment.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Initial Each of the Following:**

\_\_\_\_\_ I understand, tuition will be due *monthly*; there are 2 terms per year: School (40 wks) & Summer (8wks) Terms. \*  
\*Tuition pays for 48 weeks of the year. Classes are closed for 4 weeks (2 wks Christmas, 1 wk for Spring Break, 1 wk for Fall). Tuition for the 48 weeks is divided into 12 equal monthly payments: 10 months for School Term and 2 months for Summer Terms.

- \_\_\_\_\_ I understand, there are **2 payment options** to choose from:  
1.) Auto Debit from checking or saving account; 2.) Auto debit from a Credit Card (Visa, MC, Amex.)
- \_\_\_\_\_ I understand there is a **nonrefundable** \$35 annual registration fee (registration for a second child is \$25, and all additional children are free)
- \_\_\_\_\_ I understand if a choose to un-enroll, I will give Gym Magic a 30 day notice to prevent an inadvertent charge to my card.
- \_\_\_\_\_ I understand there is a \$10.00 refund processing fee.
- \_\_\_\_\_ I understand there is a \$25 fee for all returned checks or returned debit transactions.
- \_\_\_\_\_ I understand, as a courtesy, Gym Magic offers one make-up class per month. You must call the office prior to the missed class to qualify for a make-up. All make-ups are scheduled through the office. Once scheduled, they cannot be rescheduled.
- \_\_\_\_\_ I understand, if a friend signs up under my name, I will receive a \$10 credit for next month's tuition.
- \_\_\_\_\_ I have read, understood and agree with the above requirements.
- \_\_\_\_\_ By my attendance in class, I am granting my permission for me and my child to be filmed, audio taped, or photographed by any means and are granting full use of our likeness, voice, and words without compensation.

Date: \_\_\_\_\_

**Gym Magic, Inc.**

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION**

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming and adult fitness. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps/preschool involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE and FOREVER RELEASE** Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child or myself to be taken to a hospital for medical treatment and I hold Gym Magic Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this **ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

Parent , Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pick up authorization:**

- Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
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Relationship: \_\_\_\_\_