



1. Complete and sign registration form
2. Include class tuition and annual registration fee of:
\$ 30.00 per family due at time of registration
3. Make Checks Payable to **DYNAMICS GYMNASTICS CENTER**
4. Deliver in person or mail to:
 3176 West County Rd 42 – Burnsville, MN 55337

GYMNAST INFORMATION

Child #1: Last name _____ First _____ DOB _____ M F
 Class _____ Day(s) M T W Th F S Time(s) _____ **Tuition: \$** _____

Child #2: Last name _____ First _____ DOB _____ M F
 Class _____ Day(s) M T W Th F S Time(s) _____ **Tuition: \$** _____

Child #3: Last name _____ First _____ DOB _____ M F
 Class _____ Day(s) M T W Th F S Time(s) _____ **Tuition: \$** _____

** Family Discounts available and apply to lesser fee. Ask for details.*

Registration Fee: \$ 30.00 per family

FAMILY INFORMATION

Total Amount Due: \$ _____

Mothers Name _____ Home # _____ Cell # _____
 Address _____ City _____ Zip _____
 Employer _____ Work # _____ Email _____

Fathers Name _____ Home # _____ Cell # _____
 Address _____ City _____ Zip _____
 Employer _____ Work # _____ Email _____

Person to call in EMERGENCY if parents cannot be reached: Name _____
 Home # _____ Cell # _____ Other _____

How did you hear about us? Friend Birthday party Newspaper Ad Phonebook Other _____

EMERGENCY INFORMATION

Allergies, Medications, any other physical condition we should know about:

Insurance Company _____ Doctor _____ Phone _____

WAIVER AND RELEASE

In consideration of Dynamics Gymnastics Center accepting my child into training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, meets and other activities including OVERNIGHTS, PARENTS NIGHT OUT, OPEN GYM, FIELD TRIP PRIVATE LESSONS, or CLINICS to name a few. **Warning: Catastrophic injury, paralysis, or death, can result from improper conduct of this activity.** I give my permission to Dynamics Gymnastics Center or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Dynamics Gymnastics Center. In case of medical emergency, I understand my child will be transported to the nearest OR (preferred hospital): _____ by the local emergency resource if rescue squad deems necessary. I understand I am responsible for all medical and emergency transportation expenses.

Further, I hereby release and agree to hold harmless and indemnify the Dynamics Gymnastics Center employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent or Legal Guardian's Signature _____ Date _____