



# SUMMER REGISTRATION 2024

(Check One)

Male  Female Non-Binary

Private Lesson  Trial  Open Gym  
(Check One)

Male  Female Non-Binary

Student Name

Age Birth Date

Student Name

Age Birth Date

Day and Time Desired (honored unless notified)

2nd choice

Dates not attending

CAMP(s)

Parent Guardian Name

Phone Number

Parent Guardian Name

Phone Number

I do here verify that I fully understand and accept the below statements and the guidelines.

Parent/Guardian Signature

Date

We often have A LOT of fun and would love to promote this in images on our website and social media. Please initial in the box to authorize the use of your child's image in photographs on our website, social media, online photo albums and in print.

Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of any illness; however, The Studio cannot guarantee that you or your child(ren) will not become infected with any illness, virus, or communicable disease. Further, attending MAGC could increase your risk and your child(ren)'s risk of contracting these. By signing this agreement, I acknowledge the contagious nature of any illness and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending MAGC and that such exposure or infection may result in personal injury, illness, permanent disability, or death. 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 any 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 understand 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. No make-ups are offered during summer session. No refunds or pro-rates will be given for missed classes. Conflicts with schedules or other activities are not eligible for credits or refunds. 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 guidelines.



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