

**MIDSTATE GYMNASTICS ACADEMY  
APPLICATION FOR MEMBERSHIP**

CHILD'S NAME	<input type="text"/>	APPLICATION DATE	<input type="text"/>
ADDRESS	<input type="text"/>	BIRTH DATE	<input type="text"/>
CITY/STATE/ ZIP	<input type="text"/>	HOME PHONE	<input type="text"/>

MOTHER'S NAME * OR * LEGAL GUARDIAN	<input type="text"/>	WORK PHONE	<input type="text"/>
		Ext	<input type="text"/>
MOTHER'S EMAIL	<input type="text"/>	Cell Phone	<input type="text"/>

FATHER'S NAME * OR * LEGAL GUARDIAN	<input type="text"/>	WORK PHONE	<input type="text"/>
		Ext	<input type="text"/>
FATHER'S EMAIL	<input type="text"/>	Cell Phone	<input type="text"/>

Alternate contact (if I cannot be reached):

NAME	<input type="text"/>	PHONE	<input type="text"/>
	(other than parent)	RELATIONSHIP	<input type="text"/>
		CELL #	<input type="text"/>

Are there any restrictions due to medical problems, allergies, medications, etc.?  Yes  No If yes, please explain: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

How did you hear about Midstate Gymnastics Academy? Please check any answers that apply.

- |   |   |
|---|---|
| TV advertisement <input type="radio"/>    | Another current student <input type="radio"/> |
| Phone book <input type="radio"/>          | Another former student <input type="radio"/>  |
| Radio advertisement <input type="radio"/> | Have attended before <input type="radio"/>    |
| Know an instructor <input type="radio"/>  | Other _____                                   |

1. I hereby give my child permission to participate in all MIDSTATE GYMNASTICS ACADEMY programs (including parties, use of the inflatables, demo's and other activities).
2. I hereby authorize MIDSTATE GYMNASTICS ACADEMY to give consent for any and all necessary medical care for my child while in the care of MIDSTATE GYMNASTICS ACADEMY.
3. I understand that all precautions will be taken to prevent accidents. HOWEVER, I UNDERSTAND THAT ABSOLUTE SAFETY CANNOT BE ASSURED. Simple first aid may be administered and parents and/or physician will be called when necessary.
4. I assume all responsibilities and waive any and all claims for compensation for accidental or fatal injury incurred while participating in any MIDSTATE GYMNASTICS ACADEMY program or activity and while in the care of the staff. I hereby agree to indemnify and hold harmless MIDSTATE GYMNASTICS ACADEMY, its agents, employees, or servants, whether paid or volunteer, against any and all claims which may arise from any injury while participating in any of the programs and/or activities.
5. I understand that participation in MIDSTATE GYMNASTICS ACADEMY programs may consist of activities that involve, motion, rotation, height, and accidental contact in a unique environment and as such carries with it the risk of catastrophic injury and death. I understand that I will be responsible for all expenses (medical and otherwise) which may occur from my child's participation in any activity sponsored by MIDSTATE GYMNASTICS ACADEMY.
6. I hereby agree to abide by all the rules and policies found in the Midstate Policy Book or posted in the facility. I understand failure to follow the rules may result in expulsion from the Academy.
7. I HAVE READ THE ABOVE WAIVER AND SIGNED IT VOLUNTARILY.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (Fall/Spring Session)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (Summer Session)

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Class Level \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg pd \_\_\_\_\_ Cl fee pd \_\_\_\_\_  
(Fall/Spring)

Class Level \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg pd \_\_\_\_\_ Cl fee pd \_\_\_\_\_  
(Summer)