

The McKeon Center Registration & Liability Release

Dance/Gymnastics/Cheerleading/Youth Fitness

Fall/Winter/Spring 2017 -2018

For office use only:

Rolls _____

Accounts _____

Reg. Fee paid _____

Today's date _____ Student's Name _____
Home Phone _____ M F Age _____ Birth - date _____
Address _____ City _____ Zip _____
Mother's Full Name _____ Mother's Employer _____
Father's Full Name _____ Father's Employer _____
Mother's Work Phone _____ Father's Work Phone _____
Mother's Cell Phone _____ Father's Cell Phone _____
Emergency Contact _____ Relationship _____ Phone _____
Health Insurance Carrier _____
E-mail address _____

Please declare any physical problems or restrictions and list any mental or special custody situations that would be important for us to be aware of: _____

In an effort to give appreciation to those who recommend our programs please tell us how you heard about the McKeon Center.

Friend (name) _____ Daycare ___ Newspaper ___ Location _____

Yellow pages ___ Television ___ Radio ___ Demonstrations ___ Mail ___

Were you a former student at McKeon's? _____ Other (please specify) _____

Payment Information

If accounts are paid after the tenth of the month there will be a \$15.00 late fee applied to the account balance. If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. Accounts that become 30 days overdue will be considered for refusal of services unless other arrangements have been made. There is a \$15.00 returned check charge for any checks returned by the bank.

Please read carefully and sign at the bottom

In consideration of allowing the previously-declared participant to begin participation in The McKeon Center activities, while on the premises and property of said Center, the undersigned, being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Gym I & II, Inc./ The McKeon Center a Massachusetts Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which the McKeon Center is conducted, or any premises under the control and supervision of Gym I & II, Inc./ The McKeon Center, its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Gym I & II, Inc./ The McKeon Center, its owners, officers, agents, or employees.

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release.

In signing this Release, the undersigned acknowledges:

- That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release Form

I hereby declare any physical problems or restrictions. I am also listing any know allergies or special conditions of any kind as well as any medication my child takes.

The undersigned gives permission for the Gym I & II, Inc./ The McKeon Center owners, officers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____

Participant Signature if over 18 years of age _____