

The McKeon Center Registration & Liability Release

Dance/Gymnastics/Cheerleading/Youth Fitness

Fall/Winter/Spring 2026 -2027

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 \$35.00 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.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center** gymnastics and dance program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (**Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center**) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Parent/Guardian Signature _____ Date _____

Participant Signature if over 18 years of age _____