



Perpetual motion
GYMNASTICS

Registration Form

Woodbury Blaine Lakeville

Where did you hear about us?

Child #1

First Name _____ Last Name _____

Class _____ Day(s) / Time(s) _____ Fee _____

Class _____ Day(s) / Time(s) _____ Fee _____

Medications (if any) _____ Birth Date ____/____/____

Allergic to (if any) _____ Age _____

Child #2

First Name _____ Last Name _____

Class _____ Day(s) / Time(s) _____ Fee _____

Class _____ Day(s) / Time(s) _____ Fee _____

Medications (if any) _____ Birth Date ____/____/____

Allergic to (if any) _____ Age _____

Annual Family Registration Fee: \$40.00
(non-refundable)

Total Tuition Due:

Remember the 10% discount off the lesser of tuitions after the first child

Family Information

Mother's Name _____ () _____
Home Phone

Address _____ City _____ Zip _____

() _____ () _____
Work Phone Other Phone E-mail

Father's Name _____ () _____
Home Phone

Address _____ City _____ Zip _____

() _____ () _____
Work Phone Other Phone E-mail

Emergency Contact

Contact Name _____ Relationship _____

() _____ () _____ () _____
Home Phone Work Phone Other Phone

Make Checks Payable to:
Perpetual Motion

Turn in at front office
Or
Mail to:

Perpetual Motion Woodbury
257 Rivertown Drive
Woodbury, MN 55125

Perpetual Motion Blaine
12440 Aberdeen St. NE. Suite 101
Blaine, MN 55449

Perpetual Motion Lakeville
9913 214th Street West, Suite A
Lakeville, MN 55044

Please read and sign the reverse side.

Release and Waiver

I _____ as parent or legal guardian of _____, a minor (hereinafter "Minor") hereby grant the permission necessary to allow Minor to participate in the above activity to be conducted by Perpetual Motion Children's Sports Center, Inc., a Minnesota corporation (hereinafter "Perpetual Motion"). I acknowledge and agree, on my own behalf and on behalf on Minor, that such participation subjects Minor to the possibility of physical illness or injury (minor, serious, catastrophic and/or death) and I, on my own behalf and on behalf of Minor acknowledge that Minor is assuming the risk of such illness or injury by participating in the activity. In the event of such illness or injury, I authorize Perpetual Motion to obtain necessary medical treatment for Minor and hereby, on my own behalf and on the behalf of Minor, release and hold harmless Perpetual Motion, its directors, officers, employees and agents, in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor by Perpetual Motion for illness or injury Minor may sustain participating in the activity.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on my own behalf and on behalf of Minor, further agree to release and to release and hold harmless Perpetual Motion, its directors, officers, employees and agents, from any and all liability for negligence or other claim, judgment, loss, liability, cost, and expense (including, without limitation, attorney's fees) arising out of Minor's participation in the activity. I further agree to indemnify and hold harmless Perpetual Motion, its directors, officers, employees and agents, from any and all loss, damage, liability, cost , or expense that Perpetual Motion may incur or suffer as a result of any claim of any kind whatsoever arising out of Minor's participation in the activity.

I hereby represent and warrant that any medication to which Minor is allergic or is currently taking is listed above. I hereby acknowledge and agree Minor shall bring all medications which Minor is currently taking with him/her to the activity and that he/she shall consume the prescribed dosage.

I, on my own behalf and on behalf of Minor, hereby represent and warrant that I have read this Registration and Waiver Form in its entirety and fully understand its content. I, on my own behalf and on behalf of Minor, have signed this Registration voluntarily and of my own free will.

Signature of Parent/Legal Guardian: _____ Date: _____

Health Insurance: _____

Cancellations and Refunds

If you cancel a class registration **before** one week prior to the Session start date, a \$10.00 per course processing fee will be deducted from your refund. All cancellations need to be in writing. If you cancel a class registration **within** one week prior to the Session start date, a \$10.00 per course processing fee and 50% of the course fee will be granted. No refunds **on or after** the Session start date will be granted. If Perpetual Motion must cancel a day of lessons for any reason, you will receive a credit good towards open gym which must be used during the Session the class was missed. Classes missed the last week of the Session will receive credit towards open gym which needs to be used during the first week of the next Session or at the next open gym. Office staff must be notified to arrange open gym participation. If Perpetual Motion cancels a class due to low enrollment, you will receive a full refund.

Signature of Parent/Legal Guardian: _____

Date: _____