

McCracken's Gymnastics and Swim School

15515 S. Keeler – Olathe, KS 66062 – 782-8555

www.mcgymswim.com

Gymnastics Online Registration Form

Please mouse over each disk with the ? Click on form to close the message box.

Parents Information	Office Use Only	
Parent Name:	Date Received:	
Street:	Registration:	\$
City: State: Zip:	Tuition:	\$
Phone: Work: Cell: <small>(Your home number also serves as your child's account number)</small>	Initial Payment:	\$
Email:	Check Number:	
Others who might pay this account :	Credit card: At Office • Telephone • On-Line •	
How did you hear about our program?		
Today's Date:	ACH?	
	Recurring Credit?	
	Board • Roll • Computer	•

Enroll First Child	Enroll Second Child
Last Name: First:	Last Name: First:
Birth Date: Age: Boy Girl	Birth Date: Age: Boy Girl
Child's start date:	Child's start date:
Day: Time: Class:	Day: Time: Class:
Has he/she had any training of this sort before? Yes No If so, where:	Has he/she had any training of this sort before? Yes No If so, where:
Any specific activities in which he/she should not participate? Yes No If yes, please describe:	Any specific activities in which he/she should not participate? Yes No If yes, please describe:
Any medical history we may need?	Any medical history we may need?
Please place my Child on the Waiting List for the following class:	Please place my Child on the Waiting List for the following class:
Day: Time: Class:	Day: Time: Class:

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I understand and agree to the following:

- I understand that my child has a reserved spot in class and therefore, I am responsible for paying tuition **until I give written notification** of my child's drop date to the office staff.
- Tuition is due on or before the first lesson of each month or **I will be charged a late fee of \$5.00** (when the billing is run on the 15th of the month) for my child to continue class.
- If McCracken's receives an insufficient funds check, I will be required to pay a \$20.00 penalty fee (to cover bank charges) and will operate on a cash basis thereafter.
- I understand that it is an enrollment requirement to renew the Gymnastics Insurance on an annual basis.
- I understand **no refunds or prorations** will be made for classes missed.



Parent's Signature: _____

I understand these conditions and accept them.

Release Form

In consideration for receiving the Instructional and Recreational services of the McCracken's Gymnastics and Swim School, Inc. granting me permission to participate in its Instructional Program, I do hereby assume all the risk of personal injury (including death) that may result from participation in said program; and acting for myself, my heirs, personal representatives, and assigns, do hereby release McCracken's Gymnastics and Swim School, Inc., individually and collectively, members of McCracken's Gymnastics and Swim School Inc. staff, administrators and other agents, representatives, employees, instructors, and all other participants in the said business and program from all liability, including claims and suits at law or in equity for an injury, fatal or otherwise, that may result from my taking part in said program.

I further state that the attached information questionnaire has been fully completed and that the information given therein is true. I further acknowledge that it shall be the duty of the participant or legal guardian if participant is a minor, to inform McCracken's Gymnastics and Swim School, Inc., **in writing**, of any change in information sought in the questionnaire and further to notify the said school **in writing** of any condition or circumstances whether believed to be temporary or permanent which might affect the student's ability to participate safely in the course of instruction.

If participant is a minor, this release must be signed by the participant's parents or legal guardian.

I, _____, as parent (legal guardian)



of _____, the person executing the foregoing release do hereby give my permission of said persons to participate in the said program and consent to all terms and conditions of said release.

Parent's Signature: _____

McCracken's cannot accept this form unless it is signed.

Home Address
(if different than the address on the first page)

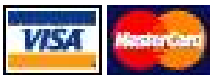


Submission and payment options:

Postal mail: Include a check or complete the Credit Card info below.

Fax: Mail **or** bring a check **or** complete Credit Card info below. The office staff will inform you of the initial Amount Due when you coordinate your classes.

Amount Due: \$



Name as it appears on card: _____

Card Number: Expiration Date:

Please complete the following form for you child's T-shirt.

McCracken's Gymnastics T-Shirt Form

First Child's First Name: _____ OR Nickname _____ (will be on back of shirt)

T-Shirt Size (check one)

Child Sizes: Small (6-8) Medium (10-12) Large (14-16)

Adult Sizes: Small Medium Large X-Large

Phone: _____ Child's Present Age: _____

Enrolled in: _____ _____ _____
 Class Day Time

T-shirt was picked up by: _____ On (date): _____

 Please complete the following form only IF you enrolled a second child.

McCracken's Gymnastics T-Shirt Form

Second Child's First Name: _____ OR Nickname _____ (will be on back of shirt)

T-Shirt Size (check one)

Child Sizes: Small (6-8) Medium (10-12) Large (14-16)

Adult Sizes: Small Medium Large X-Large

Phone: _____ Child's Present Age: _____

Enrolled in: _____ _____ _____
 Class Day Time

T-shirt was picked up by: _____ On (date): _____

