McCracken's Gymnastics and Swim School

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

www.mcgymswim.com

Gymnastics Registration Form

Parents Information			Office Use Only	
Parent Name:			Date Received:	
Street:			Registration:	$
City:	State:	Zip:	Tuition:	$
Phone: (Your home number also serves as your child's account number)	Work:	Cell:	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?			ACH?	
Today's Date:			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:

(Continued on Reverse)

McCracken's Gymnastics Registration Form

- 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; two weeks notice is appreciated.
- I understand I may pay tuition by check, cash, or credit card at any time for the coming month.
- I understand monthly tuition is due on or before the 1st day of each month.
- I understand tuition is considered late if not paid on or before 8:30pm on the 1st day of any given month.
- I understand an insufficient funds check will result in a $30.00 fee on my account to cover bank charges.
- To maintain Active status for my child, I give McCracken's Gymnastics permission to charge the following credit card for any fees accrued by me which I was unable to pay on or before the 1st of the month. **Cards are run during the first week of each new month.**

We accept: **Visa** **MasterCard** **Discover**	**Name as it appears on card:** _____ **Card Number:** ☐ ☐ ☐ ☐ **Expiration Date:** ☐ **Card Security Code on back of card: CSC** ☐

- I understand invalid credit card information will result in a $15.00 late fee and an inactive status for my child which could jeopardize the spot in my child's preferred class, day, and time.
- I understand that it is an enrollment requirement to renew the Annual Gymnastics Insurance fee on my child's enrollment anniversary month.
- I understand **no refunds or prorations** will be made for classes missed.
- I understand makeup classes are offered only to actively enrolled students.
- I understand **it is an enrollment requirement** to maintain current credit card information, phone number, and address on file with McCracken's Office Staff.

Parent's Signature: _____

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.

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

_____

_____

McCracken's Gymnastics
T-Shirt Form

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

T-Shirt Size (check one)

Child Sizes: ❍ X-Small (2-4) ❍ 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

Parent's Signature: _____ Date: _____

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

McCracken's Gymnastics
T-Shirt Form

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

T-Shirt Size (check one)

Child Sizes: ❍ X-Small (2-4) ❍ 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

Parent's Signature: _____ Date: _____

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