

Missouri Elite Gymnastic Academy

19601 S. Harrelson Dr. – Belton, MO 64012

STUDENT REGISTRATION INFORMATION

Date ____/____/____

Student's First Name _____ Last Name _____

Birthdate ____/____/____ Sex _____ Grade _____ School _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

E-mail address _____ Referred by _____

PARENT / GUARDIAN INFO

Father's Name _____ Occupation _____ Work/Cell Phone _____

Mother's Name _____ Occupation _____ Work/Cell Phone _____

Doctor _____ Phone _____

Emergency Contact other than parent/guardian _____ Phone _____

Medical Conditions (if any) _____

MEGA TERMS & CONDITIONS (please initial each)

_____ **TUITION** is payable by the end of the first week of the session. No Exceptions. Class spots will not be guaranteed after the first week and you will be subject to a \$10 late fee. We accept Check, Cash, Visa, MasterCard, & Discover cards. Checks should be made payable to MEGA and may be mailed. There will be a \$25 fee on all returned checks.

_____ **ANNUAL REGISTRATION FEE** is non-refundable and is payable with the first session's tuition for each student.

_____ **DROPPING CLASSES** is done by letting the front desk know by phone, e-mail, or in person. You will be billed unless we are otherwise notified but your spot in class will not be held.

_____ **MAKE-UP CLASSES** are allowed as long as we are notified in advance of an absence. Contact the front desk to schedule a make-up. Stop at the front desk to receive a pass when attending a make-up. The make-up must be completed within one month of the absence. There are no refunds, discounts, or prorates for absences.

RELEASE FORM

- I give my approval for the above named student's participation in any and all activities of the MEGA programs.
- I give MEGA approval to the use the above named student's name and likeness in the newspaper, on the website and for other marketing related purposes.
- I hereby forever waive, and forever release and discharge MEGA, its partners, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by MEGA.
- I authorize the representatives of MEGA to provide any emergency medical services that may be required due to an injury during any gymnastics or cheer activity at or for MEGA.
- I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- MEGA is not responsible, whatsoever, for anything that happens before or after the students' designated workouts and classes.
- **I do hereby certify that I have read, understand and accept each of the above policies, terms and conditions shown by my signature below.**

Signature of Parent,
Guardian, or Participant (if over 18) _____ Date _____

Witness _____ Date _____