

**REGISTRATION FORM**



*Shaping Kids for the Future*

5 Northwest Drive  
Plainville, CT 06062  
Tel: 860.793.1616  
Fax: 860.793.1717  
FVGandMore@gmail.com

**STUDENT INFORMATION**

Home Phone (_____) _____	<b>Mom/Guardian</b> _____	<b>Cell</b> (____) _____
Address _____	Occupation/WorkPlace _____	<b>Work</b> (____) _____
_____	<b>Dad/Guardian</b> _____	<b>Cell</b> (____) _____
Town _____ Zip _____	Occupation/WorkPlace _____	<b>Work</b> (____) _____

**Emergency Contact**  
Other than Parent \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Insurance #** \_\_\_\_\_

Email (**PLEASE SEE BACK PAGE**) \_\_\_\_\_ Medical conditions/allergies we should be aware of (including food): \_\_\_\_\_

1st Child's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2nd Child's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 3rd Child's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Program Info:** Fall I \_\_\_ Fall II \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Camp \_\_\_ Activity \_\_\_\_\_

<b>1st Child</b> Class / Program: _____ Day: _____ Time: _____	Office Notes:   
<b>2nd Child</b> Class / Program: _____ Day: _____ Time: _____	
<b>3rd Child</b> Class / Program: _____ Day: _____ Time: _____	

**PAYMENT INFORMATION**

Annual Registration Fee \$20.00 individual / \$30.00 Family Fee	\$ _____
1st Child - Tuition	\$ _____
2nd Child / Program - Tuition (5% off second family member / 5% multiple program - lowest fee only)	\$ _____
3rd Child - Tuition (5% off third family member)	\$ _____
<b>Discounts on 4 Session Enrollment</b> (Ask for Details)	<b>Total \$</b> _____
Registration Fee Non-transferable or refundable / Deposits Non-transferable or refundable / No refunds after second class - 10% processing fee for refunds or credits	<b>Paid \$</b> _____
	<b>Balance \$</b> _____

**ASSUMPTION OF RISK \* WAIVER OF LIABILITY \* MEDICAL AUTHORIZATION \* PHOTO RELEASE**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, inflatables and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren) and I to participate in any and all Farmington Valley Gymnastics & More, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child(ren) and I participation I hereby, for myself and my child(ren) and our heirs and successors, Covenant Not to Sue and forever release Farmington Valley Gymnastics & More, LLC its officers, directors, employees, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Farmington Valley Gymnastics & More, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Farmington Valley Gymnastics & More, LLC.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Farmington Valley Gymnastics & More LLC publicity and advertising.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE and I voluntarily affix my name in agreement.

**Parent/Legal Guardian:**  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Office only / Form of payment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_