



REGISTRATION FORM

Registration will be conducted on a first come first serve basis. You may register by mail or in person.

STUDENT'S NAME: _____

PARENT(S)' NAMES: _____

CHILD'S AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME (OTHER THAN PARENT/GUARDIAN): _____

PHONE: _____

HEALTH PROBLEMS AND/OR ALLERGIES AND ANY MEDICATIONS CURRENTLY USED BY YOUR CHILD:

E-mail Address (for communication from Funtastics only):

ENROLLMENT INFORMATION:

CLASS: (1ST CHOICE): DAY: _____ TIME _____ (2ND CHOICE): _____

CLASS FEE: _____ + REGISTRATION FEE: _____ = TOTAL FEE: _____

(Registration Fee: \$30 per child per year; maximum of \$55 per family for one year)

AMOUNT ENCLOSED: _____

PLEASE NOTE: DEPOSIT REQUIRED TO HOLD CLASS SPACE! CASH OR CHECK ONLY! ALL FEES ARE NON-REFUNDABLE!

FUNTASTICS MA LLC WAIVER & RELEASE FORM

You agree you are aware your son or daughter named below will be engaging in physical exercise involving gymnastics skills, various sports, coordination events and fitness training that could cause injury to them. You agree your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive all claims or rights that you might otherwise have to sue us, our employed owners, officers or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendations whether your son or daughter is physically fit for any exercise or activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities it is your responsibility to obtain a physician's statement describing any limitation to participate in these program. It is always advisable to consult your physician prior to undertaking any physical exercise program. In case of accident or illness, you give your permission to FUNTASTICS MA LLC to secure medical attention as deemed necessary, if unable to communicate with you directly. **You also give your permission to FUNTASTICS MA LLC to photograph and/or video the registered participant and/or parent/guardian for use in FUNTASTICS MA LLC publicity, publications in print and on the internet.**

I UNDERSTAND THAT ALL COACHES AND STAFF WILL MAKE A STRONG EFFORT TO MAINTAIN SOCIAL DISTANCING BUT THAT THERE WILL BE TIMES WHEN INCIDENTAL CONTACT MAY OCCUR AND LESS THAN PRESCRIBED PHYSICAL DISTANCING WILL OCCUR. I AM AWARE AND AGREE THAT SPOTTING IS AN ESSENTIAL PART OF TRAINING MY GYMNAST IN ORDER TO KEEP THEM SAFE AND TO PREVENT INJURY. I WILL ALLOW MY CHILD TO BE SPOTTED WHEN SPOTTING IS NECESSARY AND IS ALLOWED. I FURTHER UNDERSTAND THAT I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN PROGRAMS AND ACTIVITIES OFFERED BY FUNTASTICS MA KNOWING THAT IT IS IMPOSSIBLE TO KEEP THEM, MYSELF OR ANYONE ELSE WHO ENTERS THE GYM COMPLETELY SAFE FROM EXPOSURE TO THE COVID 19 VIRUS. I ACCEPT THAT RISK. (PLEASE INITIAL)

STUDENT'S NAME: _____ DATE: _____

PARENT'S OR GUARDIAN'S SIGNATURE: _____

Please fill out this form and mail with your registration fee and deposit to:

**Siobhan Karlberg, Director
FUNTASTICS MA LLC
P.O. Box 751
N.Scituate, MA 02060
(Phone #781-545-2813)**