



REGISTRATION FORM

Registration will be conducted on a first come first serve basis. You may register by mail or in person. Please refer to the enclosed schedule for information on fees, discounts, age groups and times.

CHILD'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: _____

MEDICATIONS CURRENTLY USED BY YOUR CHILD: _____

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: _____ (MINIMUM DEPOSIT OF REGISTRATION FEE(S) DUE BEFORE SEPTEMBER 1ST)

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

FUNTASTICS WAIVER & RELEASE FORM

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving gymnastics skills, various sports, coordination events and fitness training which could cause injury to them. You agree that 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 to secure medical attention as deemed necessary, if unable to communicate with you directly. You also give your permission to FUNTASTICS to photograph and/or video the registered participant and/or parent/guardian for use in FUNTASTICS' publicity, publications in print and on the internet.

CHILD'S NAME: _____ DATE: _____

PARENT'S OR GUARDIAN'S SIGNATURE: _____

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

**Patti Miller, Director
FUNTASTICS
P.O. Box 751
Scituate, MA 02066**

(Phone #781-545-2813)

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