



SUMMER REGISTRATION FORM

CHILD'S NAME : _____

PARENT(S) NAMES: _____

HOME ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME TELEPHONE: _____ CELL PHONE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE: _____

HEALTH PROBLEMS AND/OR ALLERGIES: _____

CHILD'S AGE: _____ DATE OF BIRTH: _____

MEDICATIONS CURRENTLY USED BY YOUR CHILD: _____

EMAIL ADDRESS: (For Funtastics Use Only):

PLEASE FILL OUT CLASS INFORMATION BELOW

CLASS: SESSION(S) _____ **DAY** _____ **TIME** _____ **COST** _____

CLINIC: TYPE _____ **COST** _____

TEAM WORKOUTS : DAYS _____ **COST** _____

Deposit of \$25 is required to hold spot in any program. Registration Fee of \$10 for new gymnastics students or those not attending since September 2017. Balances must be paid in full prior to attending. We maintain a No Refund policy on all fees paid. A \$15 processing fee will be charged on all returned checks.

LOCATION & DETAILS: Programs are held in our air-conditioned facility at 359 Gannett Road (Rear) in North Scituate. Please use the rear entrance. Please help us as we make every effort to keep Funtastics a peanut-free facility!

DROP-OFF & PICK-UP: It is Funtastics policy that parents must come into the facility, through the rear door, to drop off and pick up their child. If someone else is picking up your child, please notify Funtastics.

SUMMER PROGRAM ATTIRE: Children should wear comfortable workout clothing. No jeans, tights or jewelry, please, and all hair should be tied back.

FUNASTICS 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 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)