

**Participant Information: Please fill out one form per participant**

*This Youth Community Night Registration Form should be completed only once per school year before attending the first time. Children must meet age requirement: at least age 7 and under age 15. "Enrolled" 15 to 18 year old students may attend.*

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ (M)\_\_\_(F)\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ Zip: \_\_\_\_\_

**Parent or Guardian Information:** Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Text Phone \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Place \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Place \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our programs? \_\_\_\_\_

**"Youth Community Night" Payment Information and Authorization:**

Upon getting this information to Perpetual Motion, Parents may enroll children into any Youth Community Night on our web page in minutes as long as enrollment is accomplished before openings are filled. We will be starting with a limit of 30 children per night. Each parent's credit card payment will be processed on the day before the event. All Community Night reservations are non-refundable. Perpetual Motion will staff each community Night event depending upon the pre-registered enrollment. If parents have an unexpected last minute change in plans, "and", an alternate child fills their spot at the last minute, a full payment credit will be applied to the next community night enrolled. No cash refunds will be given.

Parents may call Perpetual Motion to make other payment arrangements if credit cards cannot be used. Please, do not register children, until receiving directions from our office if optional payment methods are desired. When an optional payment is received, those children will be immediately placed on the roll by our staff. Of course, a credit card payment is most efficient for both parents and the community night administrative process. Please understand. We wish to be concerned with out children and their evening program. We do not want to be collecting fees at the time children arrive!

**Credit Card Information: Please Charge my credit card upon any Youth Community Night enrollment.**

**Card Holder "Signature" as it appears on credit card** \_\_\_\_\_

**Card#** \_\_\_\_\_ **Visa or MC** (circle one)

**Card mailing address and zip code** \_\_\_\_\_

**Exp. Date:** \_\_\_/\_\_\_

**Total Amount Charged: 1st child \$28 / 2nd child \$18**

**Print Name on Card:** \_\_\_\_\_ **This card will be used for each night enrolled**

Submitting this application with payment(s) authorization for "Youth Community Nights" acknowledges your acceptance of all payment, refund and insurance policies at Perpetual Motion.

**Mail to or drop off completed form:**

1452 E Brown School Rd  
Maryville, TN 37804  
(865)984-1253

**OR Fax to: (865)984-9974**  
**OR Email to Info@SMGymnastics.com**



**Also Please read and sign the 2nd page of this form**

## Student's Medical Information:

**Student Name:** \_\_\_\_\_

Does the above named student take any medication?

NO  YES Name of medication, dosage and reason.

Are there any allergies or health conditions we should be aware of ?

NO  YES Please describe: \_\_\_\_\_

Does the above named student wear eyeglasses, contacts, hearing aids or dental appliances?  NO  YES Should they be worn during class and please describe

Does the above named student have any physical conditions we should be aware of?  NO  YES Please describe:

Is the above named student covered by your personal accident insurance? \_\_\_\_\_. If yes please indicate the insurance company. Our student accident policy is secondary to each parent's primary policy. Our insurance company name is: \_\_\_\_\_

**Please list all adults (other than parents) with permission to pick-up your child from class. We will not release a child to anyone not authorized by you to pick-up. We may ask for identification.**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Physician's Phone#** \_\_\_\_\_ - \_\_\_\_\_

### Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident or sickness occur in my absence.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date

## Release of Liability Waiver

### FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTIC ACTIVITY, AND/OR, YOUTH COMMUNITY NIGHT:

By the very nature of the gym activities including gymnastics & cheerleading carries a risk of physical injury. No matter how careful the participants and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries include minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

Gymnastics & cheerleading, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Perpetual Motion Gymnastics is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Perpetual Motion gymnastics or cheerleading programs (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. These rules are posted inside and outside the gymnasium, and a copy is sent with every confirmation letter.

In consideration for Perpetual Motion Gymnastics and cheerleading program acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below.

### FOR ALL STUDENTS ENROLLED IN OUR YOUTH COMMUNITY NIGHT

I hereby grant to Perpetual Motion Gymnastics and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Perpetual Motion Gymnastics and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos.

#### I understand and accept all enrollment conditions

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date