



MAX Gymnastics - Summer 2017

PARTICIPANT INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

School Grade _____ Gender: Female Male MCP #: On File _____

Does the student have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

PROGRAM INFORMATION:

- Location: 6 St. Clare Ave, St. John's
- Price: \$180 + HST = \$207 per participant
- The program is 12 weeks in duration, Saturdays, June 3 – August 26 (no class July 1)
- Additional Fee: \$35 + HST = \$40.25 annual Gymnastics NL fee per participant

Please select your program below:

Mom and Tot

- Up to age 2 @9-9:50am
(Parental participation required; Instructor led)

Beginner Basics: Intro to Gymnastics

- Ages 3-4 @ 10-10:50am
(Must be able to participate with no parental assistance)
- Ages 5-6 @ 11-11:50am
- Ages 7-8 @ 12-12:50pm
- Ages 9-12 @ 1-1:50pm

Gymnastics for Cheer Levels (Ages 8+)

- Level 1 @ 2-2:50pm
- Level 2 @ 3-3:50pm
- Level 3 @ 4-4:50pm
- Level 4/5 @ 5-5:50pm

PARENT/GUARDIAN INFORMATION (*Existing MAX Clients*):

1. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

2. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

PARENT/GUARDIAN INFORMATION (*New MAX Clients*):

1. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT (other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

Name _____ Primary Contact # _____

PAYMENT OPTIONS:

Please check one (1) of the following two (2) payment options:

- Cash or Direct Debit - Program fees must be paid in full when the registration form is submitted.
- Visa or MasterCard - Fees will be charged to the below credit card in full within five (5) business days from the date of receipt of this registration form.

Card Number

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 Card Expiry Date

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I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to charge my credit card for the program fees.

Card Holder Name (please print) _____ Card Holder Signature _____

Date _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca.



Terms & Conditions for MAX Gymnastics (please read carefully)

1. **Once registered, discontinuation is not permitted. Payment is one-time and non-refundable; missed sessions are not eligible for refund.**
2. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
3. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the Registration Form.
4. Participants will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the participant while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the participant to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
5. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the participant's enrollment.
6. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the participant's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
7. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the participant or the parent(s)/guardian(s) if the participant is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video participants as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the participant's name attached unless the participant or the parent(s)/guardian(s) if the participant is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

Participant:

Name _____

Parent/Guardian:

Name _____ Signature _____ Date _____