



MAX Gymnastics – Trial

PROGRAM INFORMATION:

- All MAX Gymnastics classes take place at 6 St. Clare Ave, St. John's

PARTICIPANT INFORMATION:

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

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)

TRIAL CLASS:

Class Type/Age Group	Practice Day	Practice Time	Date of Trial Class
_____	_____	_____	_____

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 _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____

Cell # _____ Work # _____ Home # _____

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 _____ Relationship to Student _____

Cell # _____ Work # _____ Home # _____

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 Gymnastics Trial (please read carefully)

1. Because spaces are limited, submission of a trial form does not guarantee that a student will be granted a space in the requested class for a trial, nor does it guarantee a space for enrollment at a later date. Existing MAX customers and/or returning students may be given priority for registration, followed by a "first-come, first-served" policy for all other students.
2. MAX does not offer make up classes if a student does not attend a scheduled trial.
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. Students 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 student 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 student 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 student'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 student'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 students to parties outside of MAX, without the authorized written consent of the student or the parent(s)/guardian(s) if the student 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 students as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the student's name attached unless the student or the parent(s)/guardian(s) if the student 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 trial form is complete and accurate.*

Participant:

Name _____

Parent/Guardian:

Name _____ Signature _____ Date _____