

## Release and Waiver

I \_\_\_\_\_ as parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "Minor") hereby grant the permission necessary to allow Minor to participate in the above activity to be conducted by Perpetual Motion Children's Sports Center, Inc., a Minnesota corporation (hereinafter "Perpetual Motion"). I acknowledge and agree, on my own behalf and on behalf on Minor, that such participation subjects Minor to the possibility of physical illness or injury (minor, serious, catastrophic and/or death) and I, on my own behalf and on behalf of Minor acknowledge that Minor is assuming the risk of such illness or injury by participating in the activity. In the event of such illness or injury, I authorize Perpetual Motion to obtain necessary medical treatment for Minor and hereby, on my own behalf and on the behalf of Minor, release and hold harmless Perpetual Motion, its directors, officers, employees and agents, in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor by Perpetual Motion for illness or injury Minor may sustain participating in the activity.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on my own behalf and on behalf of Minor, further agree to release and to release and hold harmless Perpetual Motion, its directors, officers, employees and agents, from any and all liability for negligence or other claim, judgment, loss, liability, cost, and expense (including, without limitation, attorney's fees) arising out of Minor's participation in the activity. I further agree to indemnify and hold harmless Perpetual Motion, its directors, officers, employees and agents, from any and all loss, damage, liability, cost , or expense that Perpetual Motion may incur or suffer as a result of any claim of any kind whatsoever arising out of Minor's participation in the activity.

I hereby represent and warrant that any medication to which Minor is allergic or is currently taking is listed above. I hereby acknowledge and agree Minor shall bring all medications which Minor is currently taking with him/her to the activity and that he/she shall consume the prescribed dosage.

I, on my own behalf and on behalf of Minor, hereby represent and warrant that I have read this Registration and Waiver Form in its entirety and fully understand its content. I, on my own behalf and on behalf of Minor, have signed this Registration voluntarily and of my own free will.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

## Cancellations and Refunds

All cancellations need to be in writing. Any cancellation before the session start date will receive a full tuition refund. Cancellations after the session start date will be charged a \$30 cancellation fee per student. Any classes that have already taken place will be withheld from the refund. If Perpetual Motion must cancel a day of lessons for any reason, you will receive a credit on your family account. Classes missed the last week of the Session will receive credit towards open gym, or if the student is signed up for the next session, a makeup can be done. Office staff must be notified to arrange open gym participation or for scheduling a makeup. If Perpetual Motion cancels a class due to low enrollment, you will receive a full refund.

The \$35 annual family registration fee in non-refundable.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**Perpetual motion**  
GYMNASTICS

# Registration Form

Woodbury     Blaine

Where did you hear about us?

## Child #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Class \_\_\_\_\_ Day(s) / Time(s) \_\_\_\_\_ Fee \_\_\_\_\_

Class \_\_\_\_\_ Day(s) / Time(s) \_\_\_\_\_ Fee \_\_\_\_\_

Medications (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergic to (if any) \_\_\_\_\_ Age \_\_\_\_\_

## Child #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Class \_\_\_\_\_ Day(s) / Time(s) \_\_\_\_\_ Fee \_\_\_\_\_

Class \_\_\_\_\_ Day(s) / Time(s) \_\_\_\_\_ Fee \_\_\_\_\_

Medications (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergic to (if any) \_\_\_\_\_ Age \_\_\_\_\_

Annual Family Registration Fee: \$35.00  
(non-refundable)

Total Tuition Due:

\_\_\_\_\_

Remember the 10% discount off the lesser of tuitions after the first child

## Family Information

Mother's Name \_\_\_\_\_ ( ) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ ( ) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Emergency Contact

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Make Checks Payable to:  
**Perpetual Motion**

Turn in at front office  
Or  
Mail to:

Perpetual Motion Woodbury  
257 Rivertown Drive  
Woodbury, MN 55125

Perpetual Motion Blaine  
12440 Aberdeen St. NE. Suite 101  
Blaine, MN 55449

**Please read and sign the reverse side.**