



Perpetual motion
CHILDREN'S SPORTS CENTER

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 _____

Ninja Zone Registration Form

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 _____

Child #3

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 _____

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 _____

Uniform Fee: \$25.00
(non-refundable)

Total Tuition Due:

T Shirt Size _____

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
257 Rivertown Drive
Woodbury, MN 55125

Please read and sign the waivers below.

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 and licensed Ninja Zone club (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/Ninja Zone, 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/Ninja Zone, 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/Ninja Zone, its directors, officers, employees and agents, from any and all loss, damage, liability, cost, or expense that Perpetual Motion/Ninja Zone 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.

Any and all Ninja skills will be conducted in a safe gym environment and will hold Perpetual Motion and Ninja Zone harmless of any injuries incurred in and outside gym areas.

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 is non-refundable

Signature of Parent/Legal Guardian: _____

Date: _____