



260 Maple Street Bellingham, MA. 02019

Tel: (508) 966-3808

Gym Email: info@marcovsharp.com

Program (circle one:) *School Age* *Pre-School* Enrollment Year: _____

Gymnast's Name _____ Age _____ DOB _____

Address _____ Zip Code _____

Email _____ Cell Phone: (____) ____ - _____

Program Selection: _____ Day: _____ Time: _____

Health Concerns: _____

My child is in good health and is able to participate in a gymnastics program. _____ (Parent Initial)

How did you hear about us: (Check all that apply)

Google Search Facebook Instagram Referred by a friend (Who: _____)

Drove By Live Demonstration Competition Event

Administrative Use Only: Gym Annual Membership

\$25 individual \$40 family Registration Date: _____

I understand that my monthly payment or session payment must be made on or before the 1st class of every month/session.

A late fee of \$10 is automatically applied to all outstanding accounts after the 1st class of each session. NO EXCEPTIONS!

There will be \$25 fee for any check returned from your bank.

If your child has chosen not to continue the program, it must be presented in writing before the new month/session begins, or you will be charged the session tuition fee.

No refunds on the program or registration fees! Please initial _____

Parent/Guardian Waiver and Release Form:

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving various sports, coordination events and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This waiver and release form is in effect as long as your child is in a program at Marcov's Sharp Gymnastics.

By entering this facility, you agree to fully accept all known and unknown risks, including the potential risks of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons. Although we regularly sanitize our equipment, presently, we are using enhanced cleaning methods and enforcing social distancing in our facility. You understand that you or your child may be exposed to the coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure and may include other symptoms, stroke or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness or condition, not for exacerbating any existing symptoms. You fully agree to accept all risks of entering the facility, using the equipment, working with coaches/teachers, attending classes/practices and interacting or being exposed to other members.

This waiver and release form is in effect as long as your child is in a program at Marcov Sharp Gymnastics.

Media Release: You allow Marcov Sharp to use the image of your child on our website, social media site, promotions, etc.

Child's Name _____ Parent Name (Print:) _____

Signature: _____ Date: _____