



# Phenomenal Fun, Inc.

## Preschool Beginner Registration Fall 2007

Student's Full Name \_\_\_\_\_ M F Age \_\_\_\_\_

Student's Date of Birth month \_\_\_ day \_\_\_ year \_\_\_\_\_

Today's Date \_\_\_\_\_

Class(es) for which student is registering:

Day \_\_\_\_\_ Time \_\_\_\_\_ Class Type & Level Preschool Beginner

Day \_\_\_\_\_ Time \_\_\_\_\_ Class Type & Level Preschool Beginner

Mother's Full Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Address (if different from student's) \_\_\_\_\_ Zip \_\_\_\_\_

Father's Address (if different from student's) \_\_\_\_\_ Zip \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Student's E-mail \_\_\_\_\_ (Note: all email addresses will be kept confidential)

Emergency Contact Other than Parents \_\_\_\_\_ Phone(s) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Please declare any physical problems or restrictions and list any mental or special custody situations that would be important for us to be aware of:  
\_\_\_\_\_

*In an effort to use our advertising dollars efficiently and keep tuition low, please tell us how you have heard about us.*

Friend (name) \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Sign on Building \_\_\_\_\_ Radio \_\_\_\_\_

TV \_\_\_\_\_ Val-Pak \_\_\_\_\_ Michiganmoms.com \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### Payment Information

An annual registration fee is due when you register. This fee is \$35 per gymnast or \$60 per family. Tuition is due according to the payment plan you choose for the semester. If you pay your tuition after the due date, a \$10.00 late fee will be added to your account balance and your child may not be allowed to practice until your account is current. A \$30 returned check fee will be added to your account balance for any checks returned by the bank. **Your submission of this registration form indicates you understand that if you bounce checks, or are habitually late with payment that Phenomenal Flips Gymnastics USA will request automatic credit or debit card payments. Payments may be made in person, over the phone, or mailed to Phenomenal Flips, 3200 W. Main St., Lansing, MI 48917. Make checks payable to Phenomenal Flips. Thank you!**

**Phenomenal Fun, Inc.**  
***Home of Phenomenal Flips Gymnastics USA***  
***and Phenomenal Flips Twist-N-Shout Cheer***

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY  
AGREEMENT (“AGREEMENT”)**

In consideration of participating in Phenomenal Fun, Inc., Phenomenal Flips Gymnastics USA, and Phenomenal Flips Twist-N-Shout Cheer activities, while on the premises and property of Phenomenal Fun, Inc., I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Phenomenal Fun, Inc. (doing business as Phenomenal Flips Gymnastics USA and Phenomenal Flips Twist-N-Shout Cheer), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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

Printed name of participant \_\_\_\_\_

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

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

Printed name of Parent/or Legal Guardian \_\_\_\_\_

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

**Medical Release**

I hereby declare any physical problems or restrictions. I am also listing any know allergies or special conditions of any kind as well as any medication my child takes.

\_\_\_\_\_  
\_\_\_\_\_  
The undersigned gives permission for the Phenomenal Fun, Inc., Phenomenal Flips Gymnastics USA, and Phenomenal Flips Twist-N-Shout Cheer owners, officers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature if over 18 years of age \_\_\_\_\_

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Preschool Beginner Waiver for Accompanying Adult

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I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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

Printed name of participant

\_\_\_\_\_  
Signature of participant

Name of Preschool Beginner Child this adult is accompanying: \_\_\_\_\_