

M & M GYMNASTICS **SPECIAL EVENT** REGISTRATION FORM
ALL NON-MEMBERS MUST COMPLETE THIS FORM BEFORE SPECIAL EVENT IN ORDER TO PARTICIPATE.
PARENT SIGNATURE REQUIRED.

Student Name: _____ Birthdate: _____ Male: _____ Female: _____

Address: _____ City: _____ Zip: _____ Email: _____

Home Phone: (414/262) _____ Emergency Contact (414/262) _____ Cell (414/262) _____

Mother's Name: _____ Work # () _____ Father's Name: _____ Work # () _____

Events enrolling in: _____ Days: _____ Times: _____

How did you hear about us? (Friend's name, Ads, Yellow Pages) _____

Any Medical or Behavioral Problems? _____

I know that participation in gymnastics involves risk and possible injury. I understand and agree that M & M and their staff will assume no responsibilities for injuries or medical expenses incurred by my son or daughter. My child has no physical, mental or emotional problems that would interfere with participation in this program.

PARENT SIGNATURE: _____ **DATE:** _____

Event Fee :	_____
Other Fees:	_____
Total:	_____
Amount Paid	_____
Cash/ Check/ Charge	_____
Receipt #:	_____
Balance Due:	_____