

Guest Registration (must be Completed)



Guest _____ Age _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Mother _____ Father _____ Tel. _____

Does the guest have any Medical or Special needs? _____

Acknowledgment of Risk and Waiver of Liability

As legal guardian of (Child's Name) _____, I consent to the aforementioned person participating in the Monterey Peninsula Gymnastics Center Program. I realize the potential for injuries including permanent paralysis or death in activities involving height or motion. I understand that it is the express intent of MPGC to provide for the safety and protection of all participants including my child. In consideration for my child being allowed to use MPGC Gymnastics facilities, I hereby forever release MPGC and it's employees, from all liability for any and all damages and injuries occurring while under the instruction and supervision of MPGC.

I understand that it is my responsibility to insure the safety of the aforementioned person in the parking lot and that MPGC assumes the responsibility within the premises.

As legal guardian for the aforementioned person, I hereby agree to individually provide the possible future medical expense which may be incurred by my child as a result of any injury sustained while participating at MPGC.

Parent or Legal Guardian Signature _____ date _____

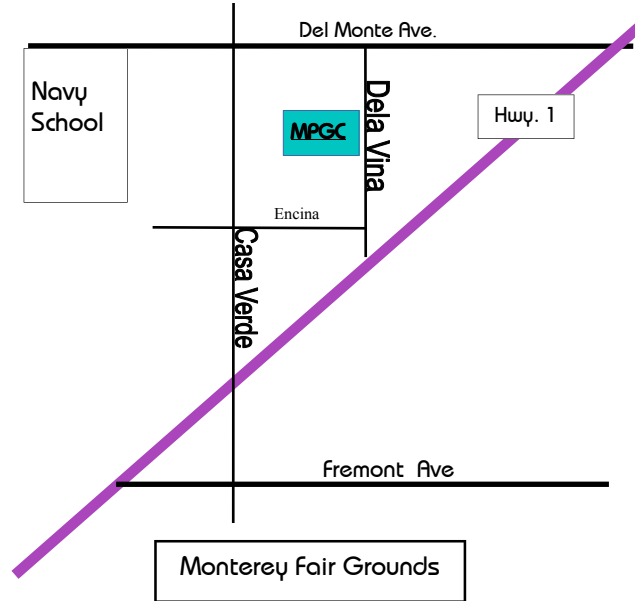
Permission to Treat (optional)

I give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence

Signature _____



Map of Monterey Peninsula Gymnastics Center



220 Dela Vina Ave. Monterey 93940
Tel. 373-1694 Fax. 373-8694
www.montereygymnastics.com