



2026-2027 REGISTRATION FORM

After-Hours Registration Form for Kids Club

STUDENT NAME: _____ SEX: F ___ M ___ BIRTHDAY/AGE: _____ Month/day/year
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PARENT/FAMILY OCCUPATIONS & PLACE OF BUSINESS:

Parent 1(First and Last Name): _____
ADDRESS: _____
City _____ State _____ Zip _____
WORK: (____) _____ CELL: (____) _____
Occupation _____
EMAIL: _____

Parent 2 (First and Last Name): _____
ADDRESS: _____
City _____ State _____ Zip _____
WORK: (____) _____ CELL: (____) _____
Occupation _____
Email: _____

AUTHORIZATION FOR PICK-UP (ID REQUIRED) – MUST SHOW A VALID PICTURE ID

NAME: _____ RELATIONSHIP: _____ PHONE#: (____) _____
NAME: _____ RELATIONSHIP: _____ PHONE# (____) _____
NAME: _____ RELATIONSHIP: _____ PHONE# (____) _____

SHARE INFORMATION WITH: _____

STUDENT HEALTH INFORMATION

Please list health problems: _____ Please list physical limitations: _____
Please list allergies (including food): _____ Please list regular medications; limitations: _____
Family Physician: _____ Phone: (____) _____
Family Dentist: _____ Phone: (____) _____
Health Insurance: _____ Phone: (____) _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship: _____ Phone: (____) _____

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ADDITIONAL INFORMATION

1. **KIDS CLUB hours are 3:00 pm to 5:30 pm, Monday to Friday.** Late fees will be charged if your child is picked up after 5:40 pm—the rate of \$5.00 for every 5 minutes. Please call 222-4720 if an emergency arises causing you to be late. If you have a state-subsidized contract, check the total hours given per week and stay within those hours.

Parent Signature: _____ **Date:** _____

2. Tuition amount for private pay can be obtained from the front office at our main location Gym Magic. State subsidies are also accepted.

Parent signature: _____ **Date:** _____

3. All students will be required to give a **30-day written notice** to the front office for withdrawal from the program.

Parent signature: _____ **Date:** _____

4. The following people **CANNOT** or **DO NOT** have permission to pick up from after school program:

NOT AUTHORIZED: _____

NOT AUTHORIZED: _____

Parent(s) Signature: _____ **Date:** _____

Acknowledge receipt of attendance calendar and sign-up for ClassDojo: _____ (Initials)

Office use only:

_____ **Private Pay** _____ **State Subsidize Contract**

Date of Entry: _____ **Date of withdrawal:** _____ **Withdrawal form signed** _____

Employee taking sign up form _____

Account Balance closed _____ All final paperwork completed _____

Office Employee taking withdraw form _____

GYM MAGIC, INC.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of (child's name) _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming, and adult fitness. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in the after-school program can involve transportation to and from various field trips/after school program and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold Gym Magic Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

Parent, Legal Guardian's Signature _____ Date _____

Your participation in a Gym Magic, Inc. gives Gym Magic permission to a photo, video tape or use a likeness in advertisements or promotions for Gym Magic.

Signed: _____ Date _____