

UMDGC 2009-2010 Registration Form

REGISTRATION INFO

If re-registering for the 2009-2010 Season: Complete the personal information that is **bolded**. Make sure to initial the X's and an adult must sign and date the bottom.

Payment Methods: American Express, cash, check to "UMDGC, LLC." (\$25 returned check fee), debit, PayPal, Discover, MasterCard, or Visa.

Registration Process: All classes are strictly limited in size to ensure a safe and productive environment. Spaces are filled first-come-first-serve with a completed registration form and **full** payment. UMDGC will email or call to confirm. 1) Mail to UMDGC, 421 Feheley Dr. Unit B, King of Prussia, PA 19406. 2) Drop-off in person. Registrations can be dropped in the gray box near the front door when UMDGC is closed. 3) Fax form with credit card information (610-731-0034). 4) Register over the phone (610-731-0022) with a credit card. Adult signature required at next visit. 5) Register online (www.umdgc.com). Adult signature required at next visit.

PRINT ALL INFORMATION CLEARLY

FAMILY INFO

Family Name _____ **Health Insurance** _____

Street Address & Apt. _____

City _____ State _____ Zip _____ Home Phone _____

Emergency Contact _____ Relation _____ Cell / Home (if different than above) / Work _____

Emergency Contact _____ Relation _____ Cell / Home (if different than above) / Work _____

Email _____ How did you find out about UMDGC _____

PARTICIPANT #1

PARTICIPANT #2

First Name _____ Gender: M / F

First Name _____ Gender: M / F

Birth Date _____ Cell/Work _____

Birth Date _____ Cell/Work _____

List all physical, emotional, psychological, neurological, allergic conditions:

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Class Code	Normal Fee	Discounts	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Class Code	Normal Fee	Discounts	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WAIVER & RELEASE

IN ORDER TO PARTICIPATE, AN ADULT MUST INITIAL ALL X'S (EXCEPT ADVERTISING RELEASE), SIGN, AND DATE THIS FORM

In consideration of participation in Upper Merion Dance & Gymnastics Center, LLC.'s ("UMDGC") programming, I, the participant, and all our guests to UMDGC, affirm to be bound by the following:

Advertising Release: I grant permission for UMDGC and their agents to publish photos, movies, and images of my child on UMDGC's website, ads, and/or other forms of information. Names and personal information will not be listed without permission. X _____

Eligibility: The participant and all guests agree to comply with the rules, policies, and procedures of UMDGC as listed in the brochure, website, and posted in the facility. I attest that all of the above information is true and no important information has been omitted. I understand that failure to comply will lead to penalties, including but not limited to expulsion without a refund. X _____

Insurance Coverage: I affirm that the participant will be covered at all times while enrolled at UMDGC by a health/medical/accident insurance that I consider adequate for the participant's protection. X _____

Piercings: I will take all reasonable actions to protect myself and my instructors from injury due to body piercings. I release UMDGC from all claims resulting from injury to myself resulting directly or indirectly from the wearing of piercings. If required by the staff, I will remove piercings that pose a danger. X _____

Medical Attention: I fully understand that UMDGC, LLC. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the UMDGC staff to render first aid to the participant in the event of any injury or illness and, if deemed necessary by the UMDGC staff, to seek medical help at any health care facility or hospital, and/or call an ambulance. X _____

Waiver and Release: I am fully aware of and appreciate the risks, including catastrophic injury, paralysis, and death, that may result from participation in and traveling to or from UMDGC programs. Being aware of the above, I consent to have the participant enroll in the programs offered by UMDGC. I, my executors, and other representatives, waive and release all rights and claims for damages that I or the participant may have against UMDGC, its employees, volunteers, agents, and/or officers. X _____

ADULT SIGNATURE _____ **DATE** _____

CREDIT CARD PAYMENTS VIA MAIL, FAX, DROPBOX, or AUTOMATIC MONTHLY PAYMENTS

Credit Card Number: _____ Exp: _____ / _____ Security Code: _____ (AMEX: 4 printed digits on front; Dis/VMC: last 3 digits on signature line)