



Mother's Morning Out Registration Form
 7632 Hwy 71 West Austin, TX 78735 512-288-9722 office 512-288-4643 fax
www.neg-usa.com nationalelitegym@yahoo.com

Student's Name: _____ D.O.B.: ___/___/___ Age: ____ M or F

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Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Home #: _____ Home #: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

E-mail: _____

There are no make-ups or refunds for missed days.

PLEASE CIRCLE THE DAYS THAT YOUR CHILD/CHILDREN WILL ATTEND.

Wednesday

Friday

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the "MMO/JFK Director" or person in charge to take my child to the nearest medical facility.

Signature of Parent or Legal Guardian: _____ Date: ___/___/___

Child's Physician: _____ Phone #: _____

Any known medical problems/allergies: _____

Emergency Name & Number: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and a parent and/or doctor will be notified. National Elite Gymnastics and staff cannot be held liable for injuries that occur on the premises or otherwise in the care of N.E.G. personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my/our child while in Mother's Morning Out or Just for Kids, and hereby agree to indemnify or hold harmless N.E.G., it's owners, and staff against any and all claims, which may arise from an injury to my/our child/children while participating in the program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: ___/___/___

REGISTRATION DATE: ___/___/___ CHECK #: _____ CASH #: _____

REGISTRATION FEE: _____ MONTHLY FEE: _____ TOTAL: _____

CP PB PAY RB