

# FALL 2009 REGISTRATION Please print clearly

Please Indicate 2nd Choice

<b>1st STUDENT</b>	<b>1st CLASS</b>	<b>2nd CHOICE</b>
_____	Course Name _____	Course Name _____
Last Name _____	Course No. _____	Course No. _____
_____	Day and Time _____	Day and Time _____
First Name _____	<b>2nd CLASS</b>	<b>2nd CHOICE</b>
<input type="checkbox"/> Male      Birth Date _____	Course Name _____	Course Name _____
<input type="checkbox"/> Female	Course No. _____	Course No. _____
	Day and Time _____	Day and Time _____
<b>2nd STUDENT</b>	<b>1st CLASS</b>	<b>2nd CHOICE</b>
_____	Course Name _____	Course Name _____
Last Name _____	Course No. _____	Course No. _____
_____	Day and Time _____	Day and Time _____
First Name _____	<b>2nd CLASS</b>	<b>2nd CHOICE</b>
<input type="checkbox"/> Male      Birth Date _____	Course Name _____	Course Name _____
<input type="checkbox"/> Female	Course No. _____	Course No. _____
	Day and Time _____	Day and Time _____

How did you hear about us? \_\_\_\_\_

Parent(s) ( Mr. Mrs. Ms. Dr. ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_  
(New: Rather than sending home notices, we communicate with you via email)

Mother Work# \_\_\_\_\_ Ext \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Father Work# \_\_\_\_\_ Ext \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

### TOTAL TUITION

**TUITION**    \$   + \$   - \$   = \$  

STUDENT 1
STUDENT 2  
(20% DISCOUNT)
"G"DOLLARS
(A \$50 non-refundable processing fee per student is included in the tuition.)

*Sibling discount is applied to the lowest student tuition.*

### PAYMENT METHOD

<input type="checkbox"/> MASTERCARD or <input type="checkbox"/> VISA (Plus 3 digit "V" number on back of card) <input type="checkbox"/> AMERICAN EXPRESS (Plus 4 digit "V" number on front of card) <input type="checkbox"/> CASH <input type="checkbox"/> CHECK (make payable to Gerstung Inter-Sport)	Exp. Date _____ Cardholder's Name (please print clearly) _____ Cardholder's Address (if different from above) _____ "V" # _____ X Code _____ Authorized Signature _____
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Account # \_\_\_\_\_

### RELEASE & INDEMNIFICATION & ACKNOWLEDGEMENT OF RISK AGREEMENT

I (we), the undersigned, hereby request permission for myself and/or my (our) child(ren) to be enrolled in activities at the Gerstung Center, to include, not limited to: gymnastics, dance, performing arts, fitness, rock-climbing, venture sports, and/or other exercise, lessons in fine arts or activities of therapeutic, rehabilitative or educational nature and to enter the premises known as 1400 Coppermine Terrace, (hereinafter "Gerstung") to use the equipment, property and participate in activities, including parties, camps, classes, meetings, special events or club membership privileges (hereinafter "Activities").

I (we) herewith agree to abide by the current and applicable rules and regulations for the special event, party, camp, class and/or membership. If a minor under the age of 18 is registered, I (we) assume responsibility for my (our) child's behaviour and actions and will advise my child of such rules and regulations. During the use of any equipment or property by Gerstung or during the participation in any Activities at Gerstung, I (we) understand that certain risks and dangers exist or may occur, including or not limited to breaks, sprains, cuts and bruises. I (we) acknowledge and understand and hereby agree also, on behalf of those listed below, to assume the risks and other related risks in the use of Gerstung's services, equipment and facilities, and voluntarily assume the risk of injury, accidents, and loss or damage of personal property that may occur from participating in such Activities. I (we) hereby release and agree to indemnify Gerstung from any and all claims in connections therewith.

I (we) acknowledge that I (we) have been provided with a current brochure of membership information and understand its content, including, but not limited to the description, the activity schedule, the tuition, membership rules, extra charges, and discounts, dress code, inclement weather policy, holidays and closings.

I (we) have inspected the premises and the equipment and I (we) realize the risks of illness and serious injury, even with catastrophic or fatal results present in the use of such equipment and participation in activities on or about Gerstung's premises. I (we) also know that unanticipated dangers may arise during such activities and I (we) assume all risks of injury to myself and/or my (our) child(ren).

Because of the inherent danger of sport, activity or program I am (we are) undertaking I (we) must be aware of my (our) medical history, my (our) present physical and emotional condition and my (our) physical ability. I am (we are) herewith advised to consult with a physician prior to engaging in such activity of continuing the activity, if a medical condition appears or appears to be developing.

I (we) recognize that photographs and video films are occasionally taken during these times and that these pictures often are used for teacher training, professional publications, promotions, or for marketing purposes. I (we) hereby give my (our) permission to Gerstung for photographs or videotapes to be taken for the purpose of, and use in, publications, promotions, and for other reasons that could expose a recognizable member of my family to the public. I (we) hereby release and agree to indemnify Gerstung from any and all claims in connection with the use of my (our) picture or likeness in any such presentation.

I (we) do hereby waive and release Gerstung, its officers, directors, employees, and agents (herein collectively "Gerstung") from and against all claims of any sort of injuries sustained on account of injury to my (our) person or property, and due to negligence or any other fault. I (we) further agree to indemnify and hold harmless Gerstung from and against any and all claims, cost, liabilities, expenses, or judgements, including attorney's fees and court cost, which I (we) now have or which may arise in the future in connection with my (our) participation in any Activity at Gerstung due to negligence or any other fault.

I (WE) HAVE CAREFULLY READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNIFICATION AND ACKNOWLEDGEMENT OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND CONTENTS. I (WE) FURTHER UNDERSTAND THAT IT SHALL REMAIN IN FULL FORCE AND EFFECT FOR ANY CURRENT ENROLLMENT, VISITING, OR MEMBERSHIP PERIODS, AS WELL AS FOR ANY FUTURE ENROLLMENT, VISITING, OR MEMBERSHIP PERIODS. I SIGN THE RELEASE AS MY OWN FREE ACT.

Signature of Parent,  
 Legal Guardian, or  
 Enrolling Adult \_\_\_\_\_ Date \_\_\_\_\_

Send To: 1400 Coppermine Terrace, Baltimore, MD 21209-2012  
 Phone: 410-337-7781, FAX: 410-337-0471