



midwest
gymnastics

USE THIS INFORMATION TO SCHEDULE A FREE TRIAL CLASS!

The Benefits of Scheduling a Free Trial Class at Midwest...

1. Once your trial is schedule it holds your spot in class if you wanted to sign up.
2. It allows our coaches to assess your child, and place them in the proper class to have fun, get challenged and be successful
3. You can come view our facility, equipment, and how we instruct our classes. Making sure it fits your family's needs.
4. It also lets you try out the class before you sign up. Just like any other major purchase try it before you sign up.

You can schedule a trial at any time, if you are new family you can get prorated into the current session. Bring in the wavier below and plan on coming a few minutes early.

**CONTACT US TODAY TO
HOLD YOUR SPOT NOW!**

Contact Us Information:

Midwest Gymnastics

• Phone: (651) 482-9616

• Fax: (651) 415-0858

• E-mail: LittleCanadaFrontDesk

• @midwestgymnastics.com

• Address:

• 3225 Country Drive

• Suite #100

• Little Canada MN, 55117

Free Trial Wavier

Child's Name: _____ Age: _____ D.O.B. _____

Phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Class Attending: _____ Time: _____:_____ Date: _____

Emergency Contact Name: _____ Number: _____

Don't forget to read and sign the bottom

Medical and Release Information

In Consideration of my child's participation at Midwest Gymnastics Center classes, events, activities, which activity I herby acknowledge involves greater then normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained to me, my child, or my childs' relatives

In case of emergency, I herby give my consent to Midwest Gymnastics Center, and/or appropriate medical facility to provide customary/athletic training attending, emergency service, and transportation AS DEEMED NECESSARY for the care and protection of my child while participation in ANY Midwest Gymnastics Center activities.

I am fully aware and acknowledge the risks, including the risk of catastrophic injury, paralysis or even death, as well as other damages and losses associated with the participation in gymnastics activates and events.

Further, I herby agree that Midwest Gymnastics Center, along with it's employees, owners, offices, volunteers, and any other representatives shall not be liable for any losses, claims, or expenses accruing as a result of my child's participation in the event, expect where such is the result of the intentional or negligent conduct of one of the individuals or organizations identified above.

Childs' Primary Medical Insurance Carrier _____ Physician _____

Name of Parent/Guardian (print) _____ Signature: _____ Date: _____

Please list any medical, psychological, or physical needs of your Child: _____