

Gymnastics Inc. Registration Form

80 N. Dell Avenue, Unit 17, Kenil, NJ 07847

Website www.gymnasticsincnj.com or E-mail at www.gymnasticsincnj@yahoo.com

(973) 252-4300

When registering your child, you will need to enclose (3) important things.

1. Fully filled out Registration Form. Please use separate form for each student.
2. Insurance fee of \$50.00 first child, \$45.00 any additional children. Non-refundable. (Sept 1 -Aug. 31)
3. Payment, with credit card or check made payable to Gymnastics Inc. (class payment and insurance).

Rules and Release Form

- 1) As a parent or legal guardian of _____, I give my consent for him/her to participate in the programs at Gymnastics Inc. I understand that in every physical sport, there is an assumption of risk. I understand that if my child participates in gymnastics and trampoline, he/she will be involved with motion, rotation, and height. I understand unavoidable injury could occur from the activities my child will be involved in. (note: injuries can be severe in nature, including but not limited to broken bones, torn ligaments, paralysis, and even death). I do not hold Gymnastics Inc. or any of their staff responsible for any injuries incurred.
- 2) I fully understand there will be no refunds or deductions for missed lessons due to family or personal vacations, illness, or holidays. Make-up classes are available and must be made up with the current session. I certify that my son/daughter has no health or physical defect that will hamper his/her ability to perform.
- 3) I give my consent to Gymnastics Inc. to use any photos for advertising, website, and newspaper.
- 4) I understand only students are allowed in the main gymnastics gym and the studio room upstairs.
- 5) I have read and I understand all of the aforementioned points, and I give my son/daughter permission to participate at Gymnastics Inc.

Student's Name _____

Parent/Guardian's Signature _____

X _____

Registration Form

Student's Name _____ Birth Date ____/____/____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (H) (____) - ____ - ____ (W) (____) - ____ - ____

Cell (____) - ____ - ____ E-Mail Address _____

Mother's Name _____ Father's Name _____

Does your child have any medical problems or are they currently under the care of a doctor? _____

Emergency Contact Person _____ Phone Number _____

Medical History _____

Does your child have any allergies/conditions we should know about? _____

Class Day and Time

1) _____

2) _____

3) _____