

Registration Form
Gymnastics Inc.
80 North Dell Avenue, Unit 17 Kenvil, NJ 07847
(973) 252-4300 Fax (973) 252-4563
www.gymnasticsincnj.com www.gymnasticsincnj@yahoo.com

Please complete the following items, use a separate registration form for each student and mail/call to complete payment obligation.

1. This form fully filled out
2. Insurance fee of \$38.00 first child, \$35 any additional children (insurance fee is non-refundable)
3. Payment in full, with check made payable to Gymnastics Inc. **OR** call for credit card payment

Rules and Release Form

1. As a parent or legal guardian of _____, I give my consent for he/she 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. I understand the insurance fee is non refundable. Make-up classes are available and must be made up within 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 have read and I understand all the aforementioned points, I give my son/daughter my permission to participate at Gymnastics Inc.

Students Name

Parent's/Guardian's Signature

_____ X _____

Students Name _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (H) _____ (W) _____

Cell # _____ e-mail _____

Mother's Name _____ Fathers Name _____

Emergency Contact Person _____ Phone Number _____

Does your child have any Medical History or current issue? Are they currently under the care of a doctor?

Please describe any other pertinent information we should we be aware of:

Class

Day and Time

1) _____

2) _____

3) _____