# Gymnastics Inc. Registration Form

80 N. Dell Avenue, Unit 17, Kenvil, 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
2) 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.
3) 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.
4) I give my consent to Gymnastics Inc. to use any photos for advertising, website, and newspaper.
5) I understand only students are allowed in the main gymnastics gym and the studio room upstairs.
6) 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)_____

*Office use only:   Account Made_____   Form Scanned_____   Email created_____*