

# GYMNASTIKA Registration Form 2008-2009

Please fill out clearly and read BOTH front and BACK pages

Student: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last Name) (First Name)

Mailing Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Home Phone #: ( ) - \_\_\_\_\_ Most Accessible: E-Mail: \_\_\_\_\_ @

Legal Guardian: \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name(s) of Siblings Enrolled: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Previous Lessons: \_\_\_ Yes \_\_\_ No → If Yes, # of Years: \_\_\_\_\_ Where: \_\_\_\_\_

## CLASS INFORMATION & ACKNOWLEDGEMENT

Starting Session: (circle one) 1 2 3 4 TUITION & FEES

CLASS CHOICE: \_\_\_\_\_

(Class Title)

\_\_\_\_\_

(Class Day/Time)

Registration Fee ..... \_\_\_\_\_

Tuition for Session ..... \_\_\_\_\_

Discount (sibling)..... \_\_\_\_\_

Total ..... \_\_\_\_\_

Less Amount Enclosed ..... \_\_\_\_\_

Balance Due by 1<sup>st</sup> Class..... \_\_\_\_\_

As legal guardian of the above named student, I certify that he/she is physically fit to perform in all programs at GYMNASTIKA, is not currently under medical care, and is not receiving medication for any condition which would limit participation in any way, except as listed above. I understand that any activity involving motion or height contains the risk of accidental injury and that this risk can never be totally eliminated, even under the supervision of properly trained and qualified instructors using modern & safety designed equipment. GYMNASTIKA, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate in.

I have read and understand GYMNASTIKA Rules & Policies attached or contained on the BACK of this Registration Form.

**X** \_\_\_\_\_

(Legal Guardian's Signature)

\_\_\_\_\_ (Date)

- Cash or credit card payments must be made in person at Gymnastika
- Please call ahead of time to make sure the class you request has availability before sending in this form.
- If you have any questions regarding completing this form, our Policies, Programs, or proper class placements, please call our office.



**Gymnastika**  
 10 Andrews Drive  
 West Paterson, NJ 07424  
 (973) 812-7447

[www.GymnastikaNJ.com](http://www.GymnastikaNJ.com)

# GYMNASTIKA RULES & POLICIES

**REGISTRATION FORM** (both pages) must be completed and signed BEFORE the student can participate.

**REGISTRATION FEE** is required each year (September 1<sup>st</sup>-August 31<sup>st</sup>) or any portion thereof. Secondary Medical Insurance coverage is provided with \$500 deductible and one year on limit claims.

**PARENTS ARE RESPONSIBLE** for warning their children about the potential dangers of gymnastics

**TUITION** is due on or before the first scheduled class of each 10-Week Session. Late tuition is subject to a \$5 per month Late Fee. Students registering for the first time during our school year, after the start of a Session, receive a prorated discount for that session ONLY. Your Registration reserves limited class space. **Failure to attend any or all classes does not reduce or eliminate the tuition charge.** Two weeks in advance notice is required if you desire to stop attending the next Session.

## **NO REFUNDS OF REGISTRATION, TUITION OR OTHER RELATED FEES**

**RETURNED CHECKS** must be paid for in cash along with a Returned Check Fee of \$20.00

**MAKE UPS** are available for missed classes up to three per session. Please notify the gym if you will be missing class. Every attempt will be made to reschedule students' missed classes in a similar class during the week. You are required to schedule Make-Ups through our gym office. NO "Walk-In" Make-Ups are allowed. Make-Ups must be completed in the same session in which they occur, except for classes missed the last week of each session, which may be made up in the beginning of the next Session. If a Make-Up is scheduled and missed, it still counts as a Make-Up.

**LOST & FOUND** articles are kept for two months and then donated to charity. Do not bring valuables to the Gym. We will not be responsible for lost or stolen property.

**BAD WEATHER** may, in severe cases, cause the gym to close. If we cancel a class due to bad weather, the class can be rescheduled through a make-up. No credit or refund will be given.

**NO SMOKING** in our building or outside by the open doors facing the gym. No food, drinks or gum in the gym during classes.

**PARENTS OBSERVATION** of classes from behind our glass wall areas is allowed at any time. Parents/Friends may not view classes from inside the gym for safety reasons. Children must be kept under control in the waiting area for everyone's safety (no gymnastics/horseplay). No standing on chairs or benches or in the doorway connecting the waiting areas.

**GYM ATTIRE:**      **GIRLS:** Leotard or shorts/tights & T-Shirt, hair pulled back from face, no jewelry

**BOYS:** Shorts and T-Shirt

**BOTH:** Socks or bare feet; no shoes