

# GYMNASTIKA Registration Form 2006-2007

## STEP 1: Student/Family Information (Complete One Form per Child & PRINT Clearly)

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

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

Home Phone # (\_\_\_\_) - \_\_\_\_\_ Medical Problems: \_\_\_\_\_

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

Mother: \_\_\_\_\_ Bus. Phone # (\_\_\_\_) \_\_\_\_\_

Father: \_\_\_\_\_ Bus. Phone # (\_\_\_\_) \_\_\_\_\_

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

Name(s) of sibling enrolled: \_\_\_\_\_

## STEP 2: 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 (inquire)..... \_\_\_\_\_  
Total..... \_\_\_\_\_  
Less Amount Enclosed..... \_\_\_\_\_  
Balance Due by 1st 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 & safely 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.

\_\_\_\_\_  
( Legal Guardian's Signature)

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

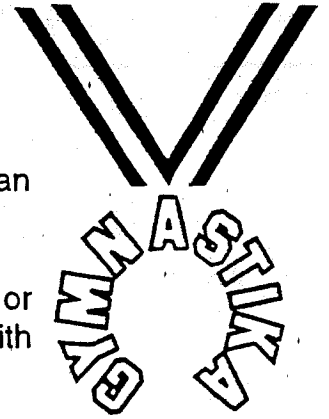
**STEP 3:** Last Step - Mail or deliver the Form along with your Registration Fee to *Gymnastika*. Cash or Credit Card payments must be made in person at the Gym. Please call if you have any questions on completing the Form, on our Programs, or on proper Class placement for your child.

**Gymnastika**  
10 Andrews Dr.  
West Paterson, N.J. 07424  
(973) 812-7447

Office Use Only

T-Shirt Received: \_\_\_\_\_ Date: \_\_\_\_\_ Membership No. \_\_\_\_\_ Date: \_\_\_\_\_

# GYMNASTIKA - Rules & Policies



**REGISTRATION FORM** must be completed and signed before student can participate.

**REGISTRATION FEE** is required each year (September 1st- August 31st) 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 or 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. Your initial registered class day & time is automatically maintained for each succeeding Session. Two weeks in advance notice is required if you desire to stop attending the next Session. Bills are not mailed except in cases of delinquent payments, in which case you will be subjected to the \$5 per month Late Fee.

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

**RETURNED CHECKS** must be paid for in cash along with a Returned Check Fee of \$15.

**MAKE-UPS** are available for missed classes up to three per Session. Please notify the gym if you will be missing a class. Every attempt will be made to reschedule students' missed class 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. Open Gym on Saturday CANNOT be used for a Make-Up. **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 will be rescheduled. No credit or refund will be given.

**NO SMOKING** in our building. 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). 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.