



732-294-9559  
 4345 US Hwy 9, Freehold, NJ 07728  
 Web Site: [www.gymnasticsclubnj.com](http://www.gymnasticsclubnj.com)  
 email: [fgc@gymnasticsclubnj.com](mailto:fgc@gymnasticsclubnj.com)

Does child have allergies? _____ _____
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Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mom Cell # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

Work # Mom \_\_\_\_\_ Work # Dad \_\_\_\_\_ Other \_\_\_\_\_

**Email address: Print clearly** \_\_\_\_\_

**Student #1**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Start Month \_\_\_\_\_ Hours \_\_\_\_\_ Total \$ \_\_\_\_\_ Plus June \$ \_\_\_\_\_ Total\$ \_\_\_\_\_

**Student #2**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Start Month \_\_\_\_\_ Hours \_\_\_\_\_ Total \$ \_\_\_\_\_ Plus June \$ \_\_\_\_\_ Total\$ \_\_\_\_\_

**Student #3**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ Teacher request \_\_\_\_\_

Start Month \_\_\_\_\_ Hours \_\_\_\_\_ Total \$ \_\_\_\_\_ Plus June \$ \_\_\_\_\_ Total\$ \_\_\_\_\_

**Total Tuitions\$** \_\_\_\_\_

Discount if any \_\_\_\_\_% Less Discount \$ \_- \_\_\_\_\_

**Total\$** \_\_\_\_\_

**Registration/Insurance:**

1<sup>st</sup> Child \$ \_\_\_\_\_ 2ndChild \$ \_\_\_\_\_ 3<sup>rd</sup> Child \$ \_\_\_\_\_ Add Reg/Ins \$ \_\_\_\_\_

**Credit Card** \_\_\_\_\_ plus 4% Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 digit # \_\_\_\_\_ % \_\_\_\_\_

Check# \_\_\_\_\_ Debit plus \$1.00 \_\_\_\_\_ Cash \_\_\_\_\_ **Total Due \$** \_\_\_\_\_

**Tuition & Policies**

**Payments:** Payments are due before the first day of each session. At sign up you pay for your start month and June and then everyone pays bi-monthly. No adjustments will be made in your tuition for missed classes or closings. A \$5.00 late fee will be assessed for payments made after the 10<sup>th</sup> of each month that your tuition is not paid. Returned checks will be assessed a \$30.00 fee. (NO EXCEPTIONS) If you have more than 2 checks returned, you must pay in cash or certified check. We do not send out bills therefore it is up to you to send in payment on time. We have a calendar you may request anytime with our payment schedule and closings or you may go on line and look at our calendar. Payments may be mailed to the above address. All payments are non refundable. Our preferred method of payment is cash or check and it will cost more to pay by credit card. Everyone must adhere to the payment policy. If you elect to pay in full by November of the current season, you will receive a 10% discount but you CAN NOT however get any money back if your child can not come anymore so make sure this is what you want before you elect to pay in full.

**June's Tuition:** Each student is required to pay June's tuition and their start month's tuition. June's tuition is non refundable. You are paying for the space reserved for you in class until the end of June. If your child takes on more hours during the course of the year, your June payment will be adjusted and payment will be due before your child begins his/her new schedule.

**Registration and Insurance:** R/I fee is \$40.00 for the first child and \$30.00 for each additional child enrolled in our programs. All fees are non-refundable. If you pay for the year's tuition in full a 10% discount will be given but not on the Registration and Insurance fee. If you elect to pay for the year in full, remember all money is absolutely non refundable.

**Make ups:** No credit or refunds will be given for classes not attended. Gymnastics students may make up one class per month no matter how many are missed. If we close due to bad weather, then you may schedule a make up. If your schedule does not allow for a make up or if you reserve a make up and do not call to cancel then your make up is lost. . When the gym is closed for Winter/ Spring Break and holidays, make ups may be given according to our calendar. Team athletes have a separate schedule. All Team members do not get make ups. If a meet falls on the day your child normally has practice then they will not receive a make up and an alternate practice will not be scheduled. No one can schedule a make up unless their bill is up to date. Make ups are scheduled in the office and children must come to the window and get a make up sticker before entering the gym.

**Clothing:** Comfortable leotards, shorts and shirts may be worn. Footless tights only. No jeans, pants with belts or buckles. Proper attire must be worn at all time. Hair must be tied away from face. No jewelry is allowed in class. We are not responsible for lost or stolen items.

**Recital:** If you would like your child to perform in our end of the season recital then you MUST purchase a Freehold Gymnastics Club leotard for her to wear. Boys must purchase and wear a Gym Club T-Shirt and their own black shorts. All children will be performing except children enrolled in Tumble classes, Parent and Me and classes whose title is Pre-School. Your bill must be up to date to participate in the Recital. Recital is usually in June.

**Classes:** Classes start on time. You and your child must wait in the waiting area until your child is called in for class. Do not leave your child until their class starts. Students must be picked up on time. You must come into the waiting area to pick up your child.

**Visitors:** Visitors, parents, and small children must sit quietly in the designated area. Please do not talk to or otherwise distract the children participating in the class by waving or calling out to them etc. Parents are responsible for the safety and monitoring of all children in the waiting area. No one is allowed in the gymnasium but the gymnasts. Any interruptions may result in serious injury.

**Safety:** Students, visitors, parents and siblings are not allowed to enter or go on equipment without an instructor. Please allow us to attend to injured children. We will call you in if needed. Most injuries just need a little TLC, which we will provide.

**Cancellation due to weather:** We usually follow Freehold Township's closing schedule. If Freehold Township has a delayed opening, then our morning classes are cancelled. If they are closed, we are usually closed. We may open in the p.m. if the weather changes. Call the gym first before bringing your child/ren to class or go on our web site at [www.gymnasticsclubnj.com](http://www.gymnasticsclubnj.com) for more information. See our calendar for Holidays and closings.

**Membership:** Freehold Gymnastics Club LLC reserves the right to cancel a student's membership at any time. We reserve the right to change/condense classes or change teachers and offer substitutes as situations dictate. All money is non refundable for any reason yours or otherwise. Our email address is [fgc@gymnasticsclubnj.com](mailto:fgc@gymnasticsclubnj.com)  
I have read and agree to abide by the above rules and policies.

**Signature** \_\_\_\_\_ **Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Waiver and Release**

I Certify that \_\_\_\_\_ is in good physical/mental/emotional health and permitted by his/her doctor to participate in gymnastics/cheerleading/tumbling activities. I understand that this activity involves risk of serious bodily injury. Freehold Gymnastics Club LLC has my permission to arrange medical treatment in the event my child is injured or disabled. I give my permission for Freehold Gymnastics Club's Staff to administer first aid and call an ambulance in case of an emergency, if necessary. If your child was out because of an injury or illness, they must bring a doctor's note before they can participate in gymnastics classes. If your child has stitches, splint, cast etc. they may not participate.

I hereby consent to have my child/ward participate in programs offered by Freehold Gymnastics Club LLC. I am fully aware of, and acknowledge the risks by the very nature of the activity; gymnastics/cheerleading/tumbling carries a risk of physical injury. No matter how careful the gymnast and the instructors/coaches are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but not eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes paralysis or even death from landing on back, neck or head as well as other damages and losses associated with participation in gymnastics/recreational/cheer activities. I further agree that Freehold Gymnastics Club, Inc. along with its employees, volunteers, agents, officers and executors shall not be liable for any injuries, damages, or losses sustained by myself, child(ren) adopted or otherwise in any way related to my participation in gymnastic/cheerleading/tumbling programs or other activities related to Freehold Gymnastics Club LLC.

All participants are required to pay Freehold Gymnastics Club LLC for Insurance. This insurance is a secondary insurance policy of the primary insurance company and the injured party is required to pay the deductible. All safety rules must be observed at all times.

**Fill out the information below so that we may act quickly in the event of an accident if a parent cannot be reached.**

Name/Relation \_\_\_\_\_ Phone#'s \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone#'s \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Any intolerance to drugs or medications? \_\_\_\_\_ Any allergies: \_\_\_\_\_

Any restrictions? \_\_\_\_\_ Any previous breaks or injuries? \_\_\_\_\_

Any previous illnesses that staff should be aware of? \_\_\_\_\_ List any mental or physical conditions: \_\_\_\_\_

Publicity Release: Freehold Gymnastics Club LLC may wish to use pictures/videos of our students for advertising, promotional items or on our web site. I understand that I have to give FGC a letter, in writing, if I do not want my child in pictures/videos and other promotional items or on our web site.

I have read and understand all information on tuition, policies, waivers and will comply with all rules and conditions of this contract. I understand the payment policy and understand there are absolutely no refunds whatsoever.

**Signature** \_\_\_\_\_ **Witness** \_\_\_\_\_ **Date** \_\_\_\_\_