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**Freehold Gymnastics Club LLC Summer Starts:** \_\_\_\_\_

See summer schedule for classes, times and payment info  
Call office to verify info before mailing 732-294-9559

# Summer Registration Form

Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

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

Email address \_\_\_\_\_ **Print Clearly**

**Student #1**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
Program: Team \_\_\_\_\_ Camp \_\_\_\_\_ P.M. Classes \_\_\_\_\_ Cheer \_\_\_\_\_ Tumble \_\_\_\_\_  
Days \_\_\_\_\_ Time \_\_\_\_\_ Class Title: \_\_\_\_\_  
# of Classes attending \_\_\_\_\_ \$ per class \$ \_\_\_\_\_ **Total\$** \_\_\_\_\_

**Student #2**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
Program: Team \_\_\_\_\_ Camp \_\_\_\_\_ P.M. Classes \_\_\_\_\_ Cheer \_\_\_\_\_ Tumble \_\_\_\_\_  
Days \_\_\_\_\_ Time \_\_\_\_\_ Class Title: \_\_\_\_\_  
# of Classes attending \_\_\_\_\_ \$ per class \$ \_\_\_\_\_ **Total\$** \_\_\_\_\_

**Student #3**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
Program: Team \_\_\_\_\_ Camp \_\_\_\_\_ P.M. Classes \_\_\_\_\_ Cheer \_\_\_\_\_ Tumble \_\_\_\_\_  
Days \_\_\_\_\_ Time \_\_\_\_\_ Class Title: \_\_\_\_\_  
# of Classes attending \_\_\_\_\_ \$ per class \$ \_\_\_\_\_ **Total\$** \_\_\_\_\_

Total Tuitions\$ \_\_\_\_\_ Discount if any \_\_\_\_\_ % Less Discount \$ \_\_\_\_\_ **Total\$** \_\_\_\_\_

**Registration/Insurance: \$10.00 each child not enrolled**

1st Child \$ \_\_\_\_\_ 2nd Child \$ \_\_\_\_\_ 3rd Child \$ \_\_\_\_\_ Add Reg/Ins \$ \_\_\_\_\_

**Credit Card** \_\_\_\_\_ plus 4% Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 digit # \_\_\_\_\_  
Check# \_\_\_\_\_ Debit plus \$1.00 \_\_\_\_\_ Cash \_\_\_\_\_

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

# Tuition & Policies

**Payments:** All payments are due in full before class starts. All fees are non refundable.

**Registration and Insurance:** For all those register in our Sept to June program you do not need to pay R/I again. Only those who are joining a different program other than what they are enrolled in already must pay R/I. R/I fee is \$10.00 for each child enrolling in our summer program.

**Make ups:** No credit or refunds will be given for classes not attended.

All Team, cheerleaders and class students do not get make ups in the summer, nor can you carry over to the fall.

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

**Classes:** Classes start on time. You and your child must wait in the waiting area until your child is called in for class. Students must be picked up on time. Must come in a drop off and pick up your child/ren. Don't leave until class starts.

**Visitors:** Visitors, parents, small children must sit quietly in the designated area. Please do not talk to or otherwise distract the children participating in the class. Any interruptions may result in serious injury. Parents are responsible for the safety and monitoring of all children in the waiting area.

**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.

**Schedule and Holidays:** See our calendar for schedule and holidays.

**Pick up:** If you are more than 5 minutes late, you will be charged \$1.00 for every minute you are late.

**Membership:** Freehold Gymnastics Club 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 fees are non refundable.

I have read and agree to abide by the above rules and policies and I understand all fees are non refundable.

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

## Waiver and Release

By the very nature of the activity, gymnastics/cheerleading 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. Parent must provide a note if your child is coming back from an injury.

I Certify that \_\_\_\_\_ is in good physical/mental/emotional health and permitted by his/her doctor to participate in gymnastics/cheerleading activities. Freehold Gymnastics Club has my permission to arrange medical treatment in the event my child is injured or disabled. I give my permission for Freehold Gymnastics Clubs staff to administer first aid and call an ambulance in case of an emergency, if necessary. I hereby consent to have my child/ward participate in programs offered by Freehold Gymnastics Club. I am fully aware of, and acknowledge the risks of, catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics/recreational/cheer activities. I further agree that Freehold Gymnastics Club 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 programs or other activities related to Freehold Gymnastics Club. All participants are required to pay Freehold Gymnastics Club 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 and proper athletic attire must be worn at all times. We are not responsible for lost or stolen property.

Fill out the information below so that we may act quickly in the event of an accident. Who to call if parents 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 previous illnesses that staff should be aware of? \_\_\_\_\_ Any restrictions? \_\_\_\_\_

List any mental or physical conditions: \_\_\_\_\_

I have received, 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 I understand that all fees are non refundable.

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