



134 West Nyack Rd, Nanuet, NY 10954 Phone: 845-624-4056 Fax: 845-624-6546

Class Registration Form

STUDENT & FAMILY INFORMATION (R)

Student Name _____ M/F _____ Age _____ Birth date ____/____/____
 Student Name _____ M/F _____ Age _____ Birth date ____/____/____
 Street Address _____ Home Telephone # _____
 City _____ State _____ Zip Code _____
 Mother's Name _____ Work Telephone # _____
 Father's Name _____ Work Telephone # _____
 Email _____ Cell # _____
 Emergency Contact _____ Telephone # _____

How did you hear about Us? _____

-----ENROLLMENT AND PAYMENT INFORMATION-----

Enroll in multiple classes and save 10% off the lower tuition. Private lessons and certain group classes excluded.

1 1st Class _____ Day(s) _____ Time _____ Start Date ____/____/____

2 1st Class _____ Day(s) _____ Time _____ Start Date ____/____/____

Your tuition is based on monthly installments and not affected by your lesson schedule and/or attendance.

*****PAYMENT PLAN PER SEMESTER*****

4 PAYMENTS***2 PAYMENTS *****1 PAYMENT**

Semester I (Sept.-Jan): 9/1, 10/1, 11/1,12/1 ***Semester II (Feb.-June): 2/1, 3/1, 4/1, 5/1**

(45 Minute) (1-3 years)	Me & My Shadow/Jolly Jumpers	4 Payments \$112	2 payments \$195	1 payment \$365.00
(45 Minute) (3- years)	Cosmic Bears/Thunder Cats	4 Payments \$112	2 payments \$195	1 payment \$365.00
(60 Minute) (5-6 years)	Five Alive (kindergarten)	4 Payments \$133	2 payments \$230	1 payment \$415.00
(75 Minute) (6-12 years)	Alpha I	4 Payments \$145	2 payments \$260	1 payment \$470.00
(90 Minute) (7-15 years)	Alpha II	4 Payments \$155	2 payments \$280	1 payment \$520.00
(120 Minute) (7-15 years)	Star	4 Payments \$170	2 payments \$310	1 payment \$580.00

(Customer paying monthly tuition by checks must leave Credit Card number on file)



Monthly Credit Card Installment Tuition Payment Plan Agreement (VISA, MC)

I hereby agree to make the installment payments set forth, which is due **on the first day of the month**. I will not receive a bill or statement. **I acknowledge that if I am paying by check my payment must be received by the 1st day of the month or my credit card will automatically be charged.** I hereby authorize you to charge the above credit card each month for the monthly tuition set forth herein starting on the date of this agreement. This authority is to remain in full force and effect until the expiration of this agreement, the tuition is paid in full. **I understand that there is no tuition refund for any unused classes.** I understand that I am responsible for the full session payment. If I am late more than once on my child's tuition payment will be charged in full. My Visa/MC card # is guarantee for any payments not received and I will be automatically charged for any payment due.

Name on Card: _____ Acct # _____ exp. _____ CVC# _____

I have read the Policies and Tuition information and I agree and accept the terms listed.

You acknowledge and agree that: (i) you are registering yourself or the above student for classes and agree to make the payments as set forth above; (ii) you and/or the student will faithfully comply with all rules and regulations of the school; (iii) failure to complete or attend the classes does not relieve you of your obligation to pay the tuition in full; (iv) a late payment fee of 10% will be charged against any payment not received by their respective due date; (v) a \$25.00 fee will be assessed against all returned checks and you will loose check privileges and will automatically be charged remaining balance for tuition.; (vi) ; the school may use my and/or the students name, picture or likeness in any advertisement or promotion for the school in any form. You understand and agree that you will not hold the school liable for injuries, damages, etc., not caused by, or resulting from the negligence of the owners, operators, or employees.

Signature _____ Date ____/____/____

Registration only accepted with first tuition installment plus the \$50.00 non-refundable annual registration fee.

Medical Information

Doctors Name: _____ Tel No. _____

Medical History: Please indicate any medical condition that may be cause for concern for your child's participation in our program. All information is strictly confidential

Existing medical conditions/limitation (Be Specific):

I, the parent / guardian _____, verify that my child is in good health for participation in gymnastics activities and that all the information on this form is correct.

Release of Liability for minor participants

Release

In consideration of _____ (child's name), my minor child ("my child"), being allowed to participate in any way in the Rockland Gymnastics Academy programs related event and activities, the undersigned acknowledges, appreciates and agrees and understands that Rockland Gymnastics Academy is bound by law to inform all participants and their parents or guardian of the risk involved in the activity of gymnastics. Anyone participation in the Rockland Gymnastics Academy program, along with those legally responsible for the participant must sign their release and adhere to the safety rules governing Rockland Gymnastics Academy.

- By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast or coach are, and no matter how many spotters or height used, and no matter what landing surface the risk cannot be eliminated. Reduced, yes but never eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation, and muscle pulls. The risk also include catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck or head.
- I willingly agree to comply with the programs' stated and customary terms and conditions for participation. If I observe any unusual significant concern I will bring such attention to the program director.
- In consideration of Rockland Gymnastic Academy acceptance of the applicant (s), and in the consideration of the applicant's opportunity to improve gymnastics skills, through the use of Rockland Gymnastics staff, equipment, and facilities, those legally responsible for the named enrolling student (s) realize the risk of injury involved and herby agree to assume the responsibility of such for said student (s) and further agree to save and hold harmless the said school, its employees, and all others concerned and to indemnity them against lost.
- For myself, spouse, and child, I knowingly and freely assume all such risk, both know and unknown, even if arising from the negligence of the releases or others, and assume full responsibility of my child's participation.
- I myself, my spouse, my child, and on behalf on my/ or heirs, assigns, personal representatives and next of kin, herby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even of arising from their negligence, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms ,understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

Parents Signature

Date