



33 Route 304, Nanuet, NY 10954 Phone: 845-624-4056 Fax: 845-624-6546
rocklandgymnastics.com

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.

*****GYMNASTICS YEARLY PAYMENT PLAN***** 9/1, 10/1, 11/1, 12/1, 1/2, 2/1, 3/1, 4/1, 5/1, 6/1

(45 Minute) (1-3 years)	Cosmic Bear / Thunder Cats	\$100.00
(60 Minute) (5-6 years)	Five Alive (kindergarten)	\$115.00
(75 Minute) (6-12 years)	Alpha I	\$125.00
(90 Minute) (7-15 years)	Alpha II	\$135.00
(120 Minute) (7-15 years)	Star	\$155.00

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



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

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 30-day written notice is required to terminate billing and that a one-month tuition charge will be assessed to my account. **I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es).** Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

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

the school may use my and/or the students name, picture or likeness in any advertisement or promotion for the school in any form. I understand and agree that I 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 ____/____/____

\$50.00 non-refundable annual registration fee is due upon registering

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