Rockland Gymnastics Academy SUMMER Class
2026 Registration Form

Last Name_____ First Name:_____ Age:_____ Birthday____/____/____ M/F

Home #(_____)-_____-_____ Father Name:_____ Mother Name:_____

Address_____City_____ State_____ Zip Code_____

Mothers Cell:_____ Fathers Cell:_____ email:_____

SUMMER GYMNASTICS CLASSES

Preschool

- ☐ Tuesday 10:15am ☐ Thursday 10:15am
- ☐ Monday 4:30pm ☐ Wednesday 4:30pm
- ☐ Tuesday 4:30pm ☐ Thursday 4:30pm

Cost: $30

Recreational

- ☐ Monday 5:30 pm
- ☐ Tuesday 5:30 pm
- ☐ Wednesday 5:30pm
- ☐ Thursday 5:30pm

Cost: 1—class $35 2—class $70

YOU PICK YOUR DAYS/WEEKS

Week 1	June 29—July 3	AM /PM	M T W H F
Week 2	July 6—July 10	AM / PM	M T W H F
Week 3	July 13— July 17	AM / PM	M T W H F
Week 4	July 20—July 24	AM /PM	M T W H F
Week 5	July 27—July 31	AM / PM	M T W H F
Week 6	August 3—August 7	AM / PM	M T W H F
Week 7	August 10—August 14	AM / PM	M T W H F
Week 8	August 17—August 21	AM / PM	M T W H F
Week 9	August 24—August 28	AM / PM	M T W H F
Week 10	August 31—Sept 3	AM / PM	M T W H F

I understand that I am registering my child for summer camp/classes at Rockland gymnastics Academy and assume responsibility for making the payments and I agree to the foregoing: Tuition payment is due as follows; 50% of total tuition must be paid at registration, with the remainder due at least 2 weeks prior to class. If you cancel at least one week before your child's start date, the payment is refundable, minus a $25.00 administrative fee. A $25.00 fee will be charged against any and all returned checks. Students will not be allowed to participate in class unless all tuition and fees are paid. If paying by check make all check payable to Rockland Gymnastics Academy.

Signature_____ Date:_____

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