



NAME	_____
CLASS	_____
DAY	_____
TIME	_____

## REGISTRATION FORM THE GYM FOR KIDS LLC

### Parent/Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

Billing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Student Information:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

My child \_\_\_\_\_ has the following medical history and/or medical condition and/or medication regimen that THE GYM FOR KIDS LLC needs to be aware of: \_\_\_\_\_

### FOR YOUR CONVENIENCE WE CAN PROVIDE AUTOMATIC PAYMENTS FROM YOUR CARD. (Optional)

Name on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CID#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\* If you don't want to continue for the next session you MUST let us know 20 days before the new session starts.

\* The transaction will happen 2 weeks before the new session starts

**PLEASE TURN OVER, READ AND SIGN BACK**

# Payment, Policies and Procedures

## Child's Safety

- I understand I am responsible for my child's behavior and safety while on THE GYM FOR KIDS LLC premises, including, but not limited to parking lots, bathrooms, waiting area, etc.
- I understand the only people allowed in the gym area are enrolled students during designated class times, and with their instructors ONLY! With the exception being Parent participation class.
- I understand at no time are parents or siblings allowed in the main gym or preschool area.

## Tuition

- I agree to pay tuition pursuant to the tuition schedule distributed by THE GYM FOR KIDS LLC.
- I understand and agree THE GYM FOR KIDS LLC may alter or increase its tuition from time to time, at its sole discretion.
- I understand tuition is due by the first class.
- I understand there will be NO CREDITS OR REFUNDS for early withdrawal or for classes not used.
- I understand there is a \$30 charge for all returned checks.
- I understand my child may not be allowed to attend classes if our bill is more than 2 weeks past due.
- I understand that tuition is not refundable after the first classes.
- THE GYMFOR KIDS LLC is not responsible for broken or stolen personal item left on the gym/waiting area.

## Missed Classes

- If my child is unable to attend his or her regularly scheduled class, TGFK LLC allows only two make-up class per session
- There will be no credit or refunds for missed classes.
- There will be no make-up class without prior confirmation from the office.

## Annual Fee

- I am aware that THE GYM FOR KIDS LLC charges an annual membership fee of \$35 per child or \$50 per family.
- I understand my child's membership fee is not refundable.

## Photographic Release

- Digital photographs and video are taken of many THE GYM FOR KIDS LLC students. I hereby give THE GYM FOR KIDS LLC permission to use such photographs and/or video for public displays, training material and/or media releases.
- I understand these photographs and/or video images will be for news, training and/or commercial purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER / RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK OF BODILY INJURY AND DEATH

**1. Voluntary Participation.** As the parent or legal guardian of \_\_\_\_\_, I acknowledge that I have voluntarily registered my child to participate in gymnastics, trampoline, cheerleading, tumbling, and related activities at the premises of THE GYM FOR KIDS LLC, located at 973 A Stuyvesant Ave, Union, NJ, 07083.

**2. Assumption of Risk.** I AM AWARE THAT GYMNASTICS, TRAMPOLINE, CHEERLEADING, TUMBLING, AND RELATED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND CARRY RISKS THAT INCLUDE (BUT ARE NOT LIMITED TO) MUSCLE STRAINS AND TEARS, BROKEN BONES, AND SEVERE INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH. I AM VOLUNTARILY APPLYING FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. ON BEHALF OF MY CHILD, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF MY CHILD'S INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

**3. Release.** As consideration for THE GYM FOR KIDS LLC agreement to allow my child to participate in these activities and use related facilities, I hereby agree on behalf of my child that my child and my child's assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of THE GYM FOR KIDS LLC on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, instructor, coach, member, manager, or contractor of THE GYM FOR KIDS LLC as a result of my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities. I hereby release THE GYM FOR KIDS LLC and its employees, agents, instructors, coaches, members, managers, or contractors, from all actions, claims, or demands that my child and my child's assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities.

**4. Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, ON BEHALF OF MY CHILD, AND THE GYM FOR KIDS, AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT!!!** Filling out this form DOES NOT enroll your child in classes. You must stop by or call the front office to let us know if you would like to join.