

C.S.GYMNASTICS, INC.
973 -347-2771
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SUMMER REGISTRATION FORM
2010

4 GOLD MINE RD.
FLANDERS, NJ 07836
www.csgymnasticsinc.com

NAME _____ O MALE O FEMALE BIRTHDATE _____

MAILING ADDRESS _____ TOWN _____ ZIP CODE _____

HOME PHONE (____) _____ PARENTS' NAMES _____

CELL PHONES (Mom's)(____) _____ (Dad's) (____) _____

E-MAIL ADDRESS _____ PARENT'S OCCUPATION _____

(NEW) STUDENTS REFERRED TO C.S. BY _____

PREVIOUS GYMNASTICS EXPERIENCE - LAST LEVEL & PROGRAM _____
O NEW FAMILY
O RETURNING

CLASS & TIME DESIRED _____

My Child will attend Week(s): 1 2 3 4 5 6 7 8 9
(6/21) (6/28) (7/5) (7/12) (7/19) (7/26) (8/2) (8/9) (8/16)

CLASS TUITION: (12 classes) _____ CAMP _____ \$ _____

USAG REGISTRATION/INSURANCE FEE: A) summer only \$12 B) June-July (yearly) \$38 \$ _____

FAMILY DISCOUNT: (2/\$35.00, 3/\$50.00, 4/\$75.00) (for 12 classes) \$ _____

ACCOUNT TOTAL: Due by 1st week of the summer class \$ _____

----- FOR OFFICE USE ONLY -----

AMOUNT PD \$ _____ CHECK # _____ CASH _____ CR. CD _____ DATE _____ INITIAL _____

ENROLLMENT AGREEMENT

____I hearby enroll my son/daughter in the C.S.Gymnastics program. To the best of my knowledge he/she is free of any disability which would restrict participation in a vigorous program of gymnastics. I will notify C.S.Gymnastics immediately if any disability develops.

*____I understand that while the sport of gymnastics can be a fun and enriching experience, I also understand that participation in any gymnastics program can be responsible for catastrophic/permanent injury.

____ I do not hold C.S. Gymnastics, or it's staff, responsible for any injuries that may occur during this activity, and hereby waive any claims or right that I may sue any of the above-mentioned parties involved.

____A minimum deposit of 50% is due upon registration. Full payment is due by the first class.

____**There are no refunds.** We will try to accommodate any classes missed by scheduling make-ups **during the summer session only.**

____C.S. Gymnastics Inc. is not responsible for payment of medical costs that may result from injuries occurring while participating in any C.S. Gymnastic program. Each student who is enrolled in any C.S. Gymnastics program becomes part of our USA Gymnastics Club membership and is covered under our blanket policy, (which covers any medical costs above the \$500.00 deductible).

*____All students must be picked up inside the building at the end of their class. Please do not drop off any student before class unless a staff member is ready to assume responsibility. This is for your child's safety and our peace of mind.

____As a special member of CS Gymnastics, your child's photo may be used for advertising and/or promotional purposes (in house or in public), Names will not be used unless parental permission is granted.

Parent of Guardian Signature _____ Date _____

Student Signature _____
(6 years and up who have read and understand the * items above)

