

School Year Registration Form

C.S. Gymnastics, Inc.
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Flanders, NJ 07836
www.csgymnasticsinc.com

PLEASE PRINT

NAME _____ MALE FEMALE BIRTHDATE ___/___/___
MAILING ADDRESS _____ TOWN _____ ZIP CODE _____
HOME PHONE (_____) _____ PARENTS' NAMES _____
CELL PHONE [Mother] (_____) _____ [Father] (_____) _____
E-MAIL ADDRESS _____ PARENTS' OCCUPATION _____
REFERRED TO C.S. BY _____

PREVIOUS GYMNASTICS EXPERIENCE- LAST LEVEL & PROGRAM _____

NEW FAMILY
 RETURNING

CLASS & TIME DESIRED _____

CLASS TUITION (12 WEEKS) FALL _____ WINTER _____ SPRING _____ \$ _____

USAG REGISTRATION/INSURANCE FEE \$38.00 SEPTEMBER – JUNE \$ _____

FAMILY DISCOUNT (2/\$35.00, 3/\$50.00, 4/\$75.00) \$ _____

ACCOUNT TOTAL: \$ _____

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

AMOUNT PAID \$ _____ CHECK # _____ CASH _____ CREDIT CARD _____ DATE _____ INITIAL _____

ENROLLMENT AGREEMENT

____ I hereby enroll my son/daughter in the C.S. Gymnastics program. To the best of my knowledge he/she is free of any disability that 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 its staff, responsible for any injuries that may occur during this activity, and hereby waive any claims or right that I might otherwise have to sue any of the above-mentioned parties involved. Full payment for this session is due by the 1st class of the session.

____ A minimum deposit of 50% is due upon registration. Full payment is due by the fourth week of classes. Accounts must be paid up to date for participation in all aspects of the program, including special events and re-registration. Any complete (12 week) session paid in full by the first week will receive \$10 discount off the family account.

____ There are no refunds. We will try to accommodate any classes missed by scheduling make-ups within two weeks of the missed class. Tuition reflects a space held in class, not a per class fee. Contact the office to make arrangements for prolonged absences due to injuries, serious illnesses, or family emergencies. If a student is discontinuing classes during a session, the office must be notified in writing to inactivate the account, effective the date of the receipt of such notification. Any outstanding account balances will be due with the notice.

____ C.S. Gymnastics, Inc. is not responsible for payment of medical costs that may result from injuries occurring while participating in any C.S. Gymnastics 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 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 or Guardian Signature _____ Date _____

Student Signature _____ Date _____

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