



**CS GYMNASTICS  
2020-2021 SEASON  
CLASS ENROLLMENT FORM**

4 Gold Mine Rd  
Flanders, NJ 07836  
973-347-2771  
csgymnasticsinc@gmail.com

FAMILY'S LAST NAME:
STUDENT'S NAME:

	CLASS NAME	DAY	TIME	COST PER SESSION
1				\$
2				\$

<b>PARENT INITIALS</b>	<ul style="list-style-type: none"> <li>I hereby enroll my child in the above listed C.S. Gymnastics Inc. or Ninja Zone class. To the best of my knowledge they are free of any disability which would restrict participation.</li> <li>I will notify C.S. Gymnastics immediately if any disability develops.</li> </ul>
------------------------	---

PARENT INITIALS	SESSION	MEMBER*	1 <sup>ST</sup> CLASS	2 <sup>ND</sup> CLASS (if applicable)	DISCOUNT (if applicable)	TOTAL	AUTOPAY AMOUNT
	FALL						
	WINTER						
	SPRING						

*\*waived for Active Military*

*Discount Type:*

✓ ONE	PAY IN FULL	AUTOPAY MONTH	AUTOPAY SESSION	<ul style="list-style-type: none"> <li><b>AUTOPAY BY MONTH</b> 3 equal payments (first is due at registration or re-registration). Subsequent payments are billed to a debit/credit card on file the 3<sup>rd</sup> of each month.</li> <li><b>AUTOPAY BY SESSION</b> The session is paid in full by automatically billing to a debit/credit card on file the first due date of each session. <u>Fall</u> – at enrollment <u>Winter</u> – December 3<sup>rd</sup> <u>Spring</u> – March 3<sup>rd</sup></li> </ul>
	FALL			
	WINTER			
	SPRING			

**FINANCIAL POLICIES AND PROCEDURES**

- All accounts **MUST** be current **PRIOR** to enrolling in the next session.
- All accounts will be paid in full at time of registration or auto pay will be set up if monthly payments are preferred.

**THERE ARE NO REFUNDS**

- Missed Classes: We will work to accommodate classes missed by scheduling make-ups within the same session.
- Long Term Absences: Contact the office immediately to make arrangements for prolonged absences due to injuries, serious illness or family emergencies. We will work with you to accommodate classes missed.
- Dropping a Class: Tuition reflects a space held in class, NOT a per class fee. If a student is discontinuing a class during a session, NOTIFY THE OFFICE IMMEDIATELY IN WRITING to inactivate the account. Termination of the class enrollment will be effective on this date. Any outstanding account balances will be due with the notice.

***I HAVE READ THE ABOVE FINANCIAL POLICIES AND PROCEDURES AND AGREE TO THEM***

**→ PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

<i>For Office Use Only</i>					
	(1 <sup>ST</sup> OR FULL) PAYMENT RECEIVED			ENROLLED	
SESSION	DATE	TYPE	STAFF	DATE	STAFF
FALL					
WINTER					
SPRING					

ASSUMPTION OF THE RISK & WAIVER OF LIABILITY RELATING TO INJURY

While the sport of gymnastics/Ninja Zone can be a fun and enriching experience, participation in any gymnastics program can be responsible for catastrophic/permanent injury.

- I acknowledge that such injuries can be caused by my own actions or inactions, those of other participants in the event, the conditions in which the event takes place, or the negligence of the “releases” named below.
- I do not hold C.S. Gymnastics, Inc., Ninja Zone, or its 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.
- I do not hold C.S. Gymnastics, Inc. or Ninja Zone responsible for payment of medical costs that may result from injuries occurring while participating in any C.S. Gymnastics, Inc. program, understanding that each student who is enrolled in any C.S. Gymnastics program becomes part of a USA Gymnastics Club membership and is covered under a blanket policy (which covers any medical costs above the \$500.00 deductible).

ASSUMPTION OF THE RISK & WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments along with the CDC recommend social distancing. **C.S. Gymnastics, Inc.** has put into place policies and procedures to reduce the spread of COVID-19, however CS **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending classes at CS could increase** your risk and your child(ren)’s risk of contracting COVID-19.

- I agree to abide by all policies and procedures as outlined by C.S. Gymnastics, Inc. and understand that there is a “zero tolerance” policy that I and my child(ren) must adhere to.
- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending C.S. Gymnastics, Inc. and that such exposure or infection may result in personal injury, illness, permanent disability and death.
- I understand that the risk of becoming exposed to or infected by COVID-19 at CS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, C.S. Gymnastics, Inc. employees and program participants and their families.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at C.S. Gymnastics, Inc. and/or participation in the programs.
- I hereby release, covenant not to sue, discharge and hold harmless C.S. Gymnastics, Inc., its employees, agents, and representatives, from any claims, including, but not limited to, all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19.
- This release includes any claims based on the actions, omissions or negligence of C.S. Gymnastics, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any C.S. Gymnastics, Inc. program.

PHOTO/SOCIAL MEDIA RELEASE

- I agree to allow my child(ren)’s photo or video to be used for advertising/promotional purposes (in house, in public, on the web site, or on social media). I understand that names will not be used unless parental permission is granted.
- I acknowledge that neither my child(ren) nor I will receive any financial compensation should their photo or video be used in any publications, website and/or social media.

***I HAVE READ AND UNDERSTAND THE ABOVE RELEASES AND AGREE TO THEM***

 **PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_