



CS GYMNASTICS
2019-2020 SEASON
CLASS ENROLLMENT FORM

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 csgymnasticsinc@gmail.com

FAMILY'S LAST NAME: _____

STUDENT'S NAME: _____

Office Use Only	
CLASS NAME: _____	CLASS COST: _____ /session 2ND CLASS COST: <u>\$165/session</u>
DAY/TIME: _____	
2ND CLASS NAME: _____	
DAY/TIME: _____	

Office Use Only							
PARENT INITIALS		ANNUAL MEMBERSHIP	1ST CLASS	2ND CLASS (if applicable)	DISCOUNT (if applicable)	TOTAL	AUTOPAYMENT AMOUNT
	FALL	\$	\$	\$	\$	\$	\$
	WINTER	\$	\$	\$	\$	\$	\$
	SPRING	\$	\$	\$	\$	\$	\$

~~~~~**PAYMENT OPTIONS (PLEASE SELECT)**~~~~~  
 (All accounts **MUST** be **CURRENT PRIOR** to continuing next session)

- PAY IN FULL**     FALL     WINTER     SPRING
- AUTOPAY BY MONTH:** Pay in 3 installments (first of which is due at time of re-registration). Each subsequent payment will be billed directly to a debit/credit card left on file on the 3<sup>rd</sup> of each month.
- AUTOPAY BY SESSION:** The session's payment is made in full by automatically billing to the debit/credit card on file the first due date of each session. (Fall - at enrollment    Winter - December 3rd    Spring - March 3rd)

Office Use Only

| SESSION | ENROLLED             | CHARGES APPLIED      | 1st/FULL PAYMENT RECEIVED | MEMBERSHIP APPLIED                                     | I HAVE CONFIRMED IN iClass WE HAVE A CREDIT CARD ON FILE. |
|---------|----------------------|----------------------|---------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| FALL    | DATE:____ STAFF:____ | DATE:____ STAFF:____ | DATE:____ STAFF:____      | DATE:____<br>STAFF:____                                |                                                           |
| SPRING  | DATE:____ STAFF:____ | DATE:____ STAFF:____ | DATE:____ STAFF:____      | MEMBERSHIP PAYMENT RECEIVED<br>DATE:____<br>STAFF:____ |                                                           |
| WINTER  | DATE:____ STAFF:____ | DATE:____ STAFF:____ | DATE:____ STAFF:____      |                                                        | DATE:____<br>STAFF:____                                   |

## **ENROLLMENT AGREEMENT**

- I HEREBY ENROLL MY SON/DAUGHTER IN THE C.S. GYMNASTICS PROGRAM OR NINJA ZONE. 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/NINJA ZONE CAN BE A FUN AND ENRICHING EXPERIENCE, I ALSO UNDERSTAND THAT PARTICIPATION IN ANY GYMNASTICS PROGRAM CAN BE RESPONSIBLE FOR CATASTROPHIC/PERMANENT INJURY AND ACKNOWLEDGE THAT SUCH INJURIES MAY 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, 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.
- C.S. GYMNASTICS INC. OR NINJA ZONE 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 ACCOUNTS SHALL BE PAID IN FULL AT TIME OF REGISTRATION OR AUTO-PAY SHALL BE SET UP IF MONTHLY PAYMENTS ARE PREFERRED.
- THERE ARE NO REFUNDS.
  - MISSED CLASSES: WE WILL WORK TO ACCOMMODATE ANY CLASSES MISSED BY SCHEDULING MAKE-UPS WITHIN THE SAME SESSION.
  - LONG TERM ABSENCES: CONTACT THE OFFICE 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 CLASSES DURING A SESSION, THE OFICE MUST BE NOTIFIED IN WRITING TO INACTIVATE THE ACCOUNT, EFFECTIVE THE DATE OF RECEIPT OF SUCH NOTIFICATION. ANY OUTSTANDING ACCOUNT BALANCES WILL BE DUE WITH THE NOTICE.
- 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/NINJA ZONE PROGRAM, YOUR CHILD'S PHOTO/VIDEO MAY BE USED FOR ADVERTISING AND/OR PROMOTIONAL PURPOSES (IN HOUSE OR IN PUBLIC). I ACKNOWLEDGE THAT SINCE PARTICIPATION IN PUBLICATIONS AND WEBSITES PRODUCED BY C.S. GYMNASTICS AND NINJA ZONE IS VOLUNTARY, NEITHER THE MINOR CHILDREN NOR I WILL RECEIVE FINANCIAL COMPENSATION. NAMES WILL NOT BE USED UNLESS PARENTAL PERMISSION IS GRANTED.

***I HAVE READ THE ABOVE TERMS AND AGREE TO THEM.***

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

DATE \_\_\_\_\_