

C.S.GYMNASTICS, INC.
973 -347-2771
Fax # 973-347-2843

REGISTRATION FORM
2016-2017

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

- NEW FAMILY
 RETURNING

CLASS & TIME DESIRED _____

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

USAG REGISTRATION/INSURANCE/MEMBERSHIP FEE \$40.00 ANNUAL \$ _____

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

ACCOUNT TOTAL: \$ _____

----- *FOR OFFICE USE ONLY* -----
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AMOUNT PD \$ _____ CHECK # _____ CASH ___ CR. CD ___ DATE _____ INITIAL _____

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.

____ **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.** 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. 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 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.

Parent or Guardian Signature_____ Date_____

Student Signature_____ (6 & up understanding *items above) ***Please see side #2!***