

Randolph Gymnastics

3 Middlebury Blvd. • Randolph, NJ 07869 • 973-584-4111

ENROLLMENT/INSTALLMENT FORM

2017 2018

Student's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Student's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Student's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Parents' Names: _____ E-Mail: _____

Special Medical Problem(s): _____

Who to contact in case of an emergency (other than parent):

Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Credit Card # _____ Exp.: _____ Code: _____

PLEASE CHECK EACH BOX AFTER READING

- I understand there are NO refunds
- I understand that this is a contract for the specified number of weeks and all fees are due regardless of attendance.
- I understand that if I choose installments there will be an additional \$10 to \$15 fee for each session.
- I understand that it is my responsibility to pay all installments by the 1st of the month.
- I understand that if I choose installments I **must** leave my credit card number on file and authorize Randolph Gymnastics to charge me by the 5th of the month if payment has not been made.
- I agree to pay a \$40 returned check fee if my check is returned for any reason.
- I understand each child is permitted two make-ups per session and they must be scheduled within the session.
- I understand that there is a 3% charge on all credit card payments.
- I have read and agree to follow all rules and policies.

All tuition and registration fees are NON-REFUNDABLE. The above registrant has enrolled for a specific time each week. The customer will be responsible for all charges (late fees, court cost, etc)

*Parental Signature _____ Date _____

I/We the parent(s) of _____ (or legal guardian if under the age of eighteen (18)) realize and acknowledge that gymnastics is a physical activity involving potential risk, including but not limited to concussions and other injuries, to the participant and agree to hold harmless and indemnify Randolph Gymnastics, its instructors, employees, officers, directors, and agents from any and all claims. Any special medical conditions which might effect our child's participation in gymnastics have been indicated.

MEDICAL RELEASE: I give permission for Randolph Gymnastics' staff to give my child simple first aid to be transported to a hospital to receive emergency medical treatment.

* AGREED TO BY (parent/guardian _____ Date: _____