

Rockland Gymnastics Academy 2017

Full or 1/2 Day Summer Camp / Gymnastics Class Registration

Last Name _____ First Name: _____ Age: _____ Birthday ____/____/____ M/F
 Home #(____)-____-____ Father Name: _____ Mother Name: _____
 Address _____ City _____ State _____ Zip Code _____
 Mothers Cell: _____ Fathers Cell: _____
 Emergency Contact: _____ Emergency # : _____

SUMMER GYMNASTICS CLASSES

Please write days and time (same class each week)

Cost: 45 minute preschool class	\$15.00 per class
60 minute class	\$18.00 per class
75 minute class	\$20.00 per class

1/2 OR FULL DAY CAMP

Please write days (MWF, T & TH, Monday through Friday)

Morning Session 8:45AM-12NOON
 Afternoon Session 12:45PM-4:00PM

1 1/2 day \$ 40.00	1 full day camp \$ 60.00
5 1/2 days \$150.00	3 full day camp \$150.00
	5 full day camp \$250.00

PLAY & STAY for 3-5 yr olds -(offered Monday through Friday)
 Cost is \$30.00 per 2 hour session-10:15AM to 12:15PM

YOU PICK YOUR DAYS/WEEKS

Week 1	July 3-July 7	AM /PM	M	T	W	H	F
Week 2	July 10-July 14	AM / PM	M	T	W	H	F
Week 3	July 17-July 21	AM / PM	M	T	W	H	F
Week 4	July 24-July 28	AM /PM	M	T	W	H	F
Week 5	July 31-August 4	AM / PM	M	T	W	H	F
Week 6	August 7-August 11	AM / PM	M	T	W	H	F
Week 7	August 14-August 18	AM / PM	M	T	W	H	F
Week 8	August 21-August 25	AM / PM	M	T	W	H	F

(Circle the week, days and time attending) NO CAMP JULY 4

I understand that I am registering my child for summer camp/classes) at Rockland gymnastics Academy and assume responsibility for making the payments and I agree to the foregoing. All my payments are due as stated and prior to class. Tuition not received prior to class forfeits my child' s class spot. A \$20.00 fee will be charge against any and all returned checks. Students will not be allowed to participate in camp or classes unless all fees have been paid. Pleas make all checks payable to Rockland Gymnastics Academy, 134 West Nyack Rd, Nanuet, NY 10954 (845) 624-4056
 Please read and sign back also)

Signature _____ Date: _____

A NON REFUNDABLE REGISTRATION FEE OF \$50.00 IS DUE ATE THE TIME OF REGSITRATION

Medical Information

Doctors Name: _____ Tel No. _____

Medical History: Please indicate any medical condition that may be cause for concern for your child's participation in our program. All information is strictly confidential

Existing medical conditions/limitation (Be Specific):

I, the parent / guardian _____, verify that my child is in good health for participation in gymnastics activities and that all the information on this form is correct.

Release of Liability for minor participants

Release

In consideration of _____ (child's name), my minor child ("my child"), being allowed to participate in any way in the Rockland Gymnastics Academy programs related event and activities, the undersigned acknowledges, appreciates and agrees and understands that Rockland Gymnastics Academy is bound by law to inform all participants and their parents or guardian of the risk involved in the activity of gymnastics. Anyone participation in the Rockland Gymnastics Academy program, along with those legally responsible for the participant must sign their release and adhere to the safety rules governing Rockland Gymnastics Academy.

- By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast or coach are, and no matter how many spotters or height used, and no matter what landing surface the risk cannot be eliminated. Reduced, yes but never eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation, and muscle pulls. The risk also include catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck or head.
- I willingly agree to comply with the programs' stated and customary terms and conditions for participation. If I observe any unusual significant concern I will bring such attention to the program director.
- In consideration of Rockland Gymnastic Academy acceptance of the applicant(s), and in the consideration of the applicant's opportunity to improve gymnastics skills, through the use of Rockland Gymnastics staff, equipment, and facilities, those legally responsible for the named enrolling student(s) realize the risk of injury involved and herby agree to assume the responsibility of such for said student(s) and further agree to save and hold harmless the said school, its employees, and all others concerned and to indemnity them against lost.
- For myself, spouse, and child, I knowingly and freely assume all such risk, both know and unknown, even if arising from the negligence of the releases or others, and assume full responsibility of my child's participation.
- I myself, my spouse, my child, and on behalf on my/ or heirs, assigns, personal representatives and next of kin, herby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even of arising from their negligence, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms ,understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

Parents Signature

Date