



Last Name: _____

Child 1 _____ DOB: _____ Age: _____

Child 2 _____ DOB: _____ Age: _____

Child 3 _____ DOB: _____ Age: _____

Parent contact information (please print):

Name _____ Home: _____

Email _____ Cell: _____

Address _____

*Allergies, medications, or any other medical/physical conditions we should know about:

Acknowledgment of Risk/Waiver of Liability

I acknowledge that my child is in good physical condition and has no medical condition that would limit their participation in activity offered by Gymnastics Plus/Commack Ninja. Participation in the activities selected involves physical activity and/or the use of equipment, apparatus, and facilities that could result in injury to the participant. All physical activity involves inherent risk. The participant assumes full responsibility for any injuries or damages that may occur or to be caused by the participant, in or about Gym Plus/Commack Ninja premises or as a result of participation in any of their activities from whatever cause, including, without limitation, the negligence of its owners, employees, or customers, and releases, discharges and agrees to indemnify and hold harmless Gym Plus/Commack Ninja, its owners, employees against all loss, liability, and expense present or future, whether known or anticipated, arising out of or resulting from, directly or indirectly, the participants presence and participation in any activities.

In case of emergency, Gymnastics Plus/Commack Ninja has permission to use their judgement with regard to treatment until I can be contacted. Moreover, I authorize any qualified physician contacted to proceed with treatment. In my absence, and in case of injury, I grant authorization to submit my child for emergency medical treatment.

Payment Policies

I, the undersigned parent or guardian of the above-named student(s), agree to the following terms of payment. A registration fee MUST be paid annually at the time of registration. This fee is **NON-REFUNDABLE** and may not be applied to any class. ALL tuition fees must be paid in full by the FIRST class. A one-month deposit is required at registration for gymnastics classes. THIS DEPOSIT IS NON-REFUNDABLE and must be used by June. As we reserve a spot for your child(ren) in our program, you will be responsible to pay for the class on a continual basis. Make-up classes are taken in ADDITION to a student's regular class. You must take your make ups while your child is still enrolled in the program or you will lose them. It is the parent's responsibility to arrange a make up class with the office. If a make-up is scheduled but not attended or not cancelled within 24 hours of the class, it will still count. THERE WILL BE ABSOLUTELY NO REFUNDS OR CREDIT.

Signature of Parent or Legal Guardian _____ Date _____