

Randolph Gymnastics

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

ENROLLMENT/INSTALLMENT FORM

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

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

Address: _____

City: _____ State: _____ Zip: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Parents' Names: _____ E-Mail: _____

Special Medical Problem(s): _____

Emergency Contact Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

I understand that if I choose installments, I **must** leave my credit card number on file and authorize Randolph Gymnastics to charge my card under the payment plan that registered for.

Credit Card # _____ Exp.: _____ Code: _____

PLEASE CHECK EACH BOX AFTER READING

- I understand that the Waiver/Release must be filled out before my child attends class.
- I understand if my child and/or family members are sick I will keep my child home.
- I understand that if my child and/or parent has 100.4 fever we will be sent home.
- I understand Randolph Gymnastics Reopening Protocols and all guidelines must be adhered to.
- I understand that if I choose installments there will be an additional \$10 to \$20 fee depending on the plan.
- I understand that it is my responsibility to pay all installments by the due date.
- 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 (Payment plans are excluded).
- I understand there are NO refunds.

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: _____