

Name: _____ Male Female Birthdate: _____

Mailing Address: _____

Town: _____ Zip: _____

Home Phone: (_____) - _____ - _____

Parent's Names: _____

Cell Phones: Mom: (_____) - _____ - _____

Dad: (_____) - _____ - _____

Email: _____

Parent's Occupation: _____

(NEW) Students referred to C.S. by _____

Previous gymnastics experience – last level and program

New Family

Returning

Class & Time Desired: _____

Class Tuition: (12 Weeks): Fall Winter Spring \$ _____

USAG Registration/Insurance Fee = \$38 September – June \$ _____

Family Discount (2/\$35, 3/\$50, 4/\$75) \$ _____

Account Total: \$ _____

----- FOR OFFICE USE ONLY -----

Amount PD \$ _____ Check # _____ Cash _____ CR. CD _____ Date _____ Initial _____

ENROLLMENT AGREEMENT

I hereby enroll my son/daughter in the C.S.Gymnastics program. 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 can be a fun and enriching experience, I also understand that participation in any gymnastics program can be responsible for catastrophic/permanent injury.

I do not hold C.S. Gymnastics, or it's 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.

A minimum deposit of 1/3rd is due upon registration; second payment is due by first of 2nd month of class ,third is due on first of 3rd month of class. Accounts must be paid up to date for participation in all aspects of the program, including special events and re-registration. Any complete (12 week) session paid in full by the first week will receive \$10 discount off the family account.

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. 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, your child's photo may be used for advertising and/or promotional purposes (in house or in public), Names will not be used unless parental permission is granted.

Parent or Guardian Signature _____
Date _____

Student Signature _____ (6 & up understanding * items above)