

# Rockland Gymnastics Academy 2009

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

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F  
 Home #(\_\_\_\_)-\_\_\_\_-\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency# \_\_\_\_\_

(PAYMENT FOR CAMP AND CLASSES ARE DUE BY JUNE 1 AND BALANCE DUE BY JUNE 15)

### **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 GYMNASTICS**

Please write days (MWF, T & TH, Monday through Friday)  
 Morning Session 9:15AM-12NOON  
 Afternoon Session 12:45PM—4:00PM  
 Cost is \$35.00 per 1/2 day camp  
 Cost is \$70.00 per full day camp

**PLAY & STAY**— Tues, Thurs or T & TH)  
 Cost is \$30.00 per 2 hour class session—10:15AM to 12:15PM

### **YOU PICK YOUR DAYS/WEEKS**

Week 1	July 6—July 11	_____
Week 2	July 13—July 17	_____
Week 3	July 20—July 24	_____
Week 4	July 26— July 31	_____
Week 5	August 3—August 7	_____
Week 6	August 10—August 14	_____
Week 7	August 17—August 21	_____
Week 8	August 24—August 28	_____

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 \$40.00 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):

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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 hereby 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 indemnify 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, hereby 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