REGISTRATION FORM

* Please complete this form and return along with your annual registration fee of $40.00.

Date: _____/_____/_____

First Name _____ Last Name _____

Birthday ____/____/____ Sex ____ Grade ____ School _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Father's Name _____ Occup. _____ Phone (W) _____

Mother's Name _____ Occup. _____ Phone (W) _____

Family Doctor _____ Phone _____

If Emergency, contact _____ Phone _____

Medical Problems, if any:_____

E-Mail (in case of emergency closings)_____

PAYMENT SCHEDULE (for office use only)

Day_____ **Time**_____

DATE	AMT. PAID	BAL.	NEXT PMT.	TYPE OF PMT.

GYMNASTICS TUITION POLICIES

ANNUAL REGISTRATION FEE of $40.00 is non-refundable and must be paid along with two month tuition.

TUITION FEE for one session and is due on the FIRST day of each session (1 session = 8 weeks). A late fee of $10.00 will be added, if the tuition is not received by the 10th. A fee of $25.00 will be charged for any returned checks.

Tuition payments are non-refundable two weeks after payment is made. However, you may receive gym credit for future classes at WGA.

MAKE-UP CLASSES: There are no refunds if the student is absent. Please call ahead to arrange the make-up class. No make-up classes past the end of the month for classes missed. We reserve the right to cancel any class at any time and we will contact you before class and arrange another class time.

RELEASE

I give my approval for the above named student's participation in any and all activities of the program. I hereby forever waive, and forever release and discharge SIJ GYM, INC, d/b/a World Gymnastics Academy, their officers, directors, employees, employers and agents form all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities. As a student or parent or guardian of a student, that it is my option to consult a physician for assurance of proper health as has been encouraged to do so by the SIJ GYM, INC, d/b/a World Gymnastics Academy.

I authorize the representatives of SIJ GYM, INC, d/b/a World Gymnastics Academy to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for SIJ GYM, INC, d/b/a World Gymnastics Academy. I understand that participation is entirely by own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. The SIJ GYM, INC, d/b/a World Gymnastics Academy is not responsible, whatsoever, for anything that happens before or after the student's designated class time. I do hereby verify that I understand and accept each of the above policies and conditions.

I also give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of any WORLD GYMNASTICS ACADEMY activities.

Signature of Parent, Guardian, or Participant (if over 18) _____ *Date*_____

Make checks payable to: ***World Gymnastics Academy***

46 Executive Pkwy, Ringwood, NJ 07456

TEL: (973) 962-6117 FAX: (973) 962-6117