

# Randolph Gymnastics

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

## ENROLLMENT/INSTALLMENT FORM

### 2018 2019

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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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 there are NO refunds.
- I understand that this is a contract for the specified number of weeks and all fees are due regardless of attendance.
- 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 have read and agree to follow all rules and policies.

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: \_\_\_\_\_

# Session

Registration Fee: \_\_\_\_\_  Total Tuition Paid in Full:\$ \_\_\_\_\_ Date: \_\_\_\_\_ MOP/Rec. # \_\_\_\_\_

_____	Level _____	Day _____	Time _____	Inst _____
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1<sup>st</sup> Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rec. # \_\_\_\_\_  2<sup>nd</sup> Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rec. # \_\_\_\_\_  
 3<sup>rd</sup> Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rec. # \_\_\_\_\_  4<sup>th</sup> Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rec. # \_\_\_\_\_

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