

2248 Route 9 South
Howell, NJ
(732) 294-0094



Action Gymnastics Academy

www.actiongymnasticsnj.com

Email: actionnjcoach@yahoo.com

600 Rike Drive
Millstone Twp, NJ
(609) 336-0040

2015 Registration Form

- ❖ Student #1: _____ Girl Boy Birthdate: ____/____/____ Age: _____
Last name First name
- ❖ Student #2: _____ Girl Boy Birthdate: ____/____/____ Age: _____
Last name First name
- ❖ Student #3: _____ Girl Boy Birthdate: ____/____/____ Age: _____
Last name First name

Address: _____
Street Town State Zip

Mom's Name: _____ Dad's Name: _____ E-Mail: _____

Home phone: (____) _____ - _____ Mom Cell: (____) _____ - _____ Dad Cell: (____) _____ - _____

Emergency Name: _____ Phone: (____) _____ - _____

Medical conditions/ allergies: _____

How did you learn about Action Gymnastics? _____

Class request information:

- ❖ Student #1: _____ 1st Choice- Class name: _____ Level/ Age: _____ Day & Time: _____
- ❖ Student #1: _____ 2nd Choice- Class name: _____ Level/ Age: _____ Day & Time: _____
- ❖ Student #2: _____ 1st Choice- Class name: _____ Level/ Age: _____ Day & Time: _____
- ❖ Student #2: _____ 2nd Choice- Class name: _____ Level/ Age: _____ Day & Time: _____
- ❖ Student #3: _____ 1st Choice- Class name: _____ Level/ Age: _____ Day & Time: _____
- ❖ Student #3: _____ 2nd Choice- Class name: _____ Level/ Age: _____ Day & Time: _____

(We call only if there is difficulty fulfilling your first class choice.)

OFFICE USE ONLY		Registration Fee: 1st Child: \$ _____ + 2nd Child: \$ _____ = _____	
Tuition: 1st Class: \$ _____ + 2nd Class: (10%) \$ _____ + 3rd Class: (15%) \$ _____ = \$ _____			
Payment type: CASH- Receipt # _____ CHECK # _____ CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> MC TOTAL: \$ _____			
Name on Card: _____ Card #: _____ Security Code: _____			
Exp. Date: ____/____/____ Signature: _____			
<input type="checkbox"/> Attendance Book <input type="checkbox"/> Schedule Board <input type="checkbox"/> Computer (Trial Class Date: _____) (Open Gym Date: _____)			

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In Consideration of participating in Action Gymnastics Academy I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releaseses" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in this activity. I hereby release, discharge, and covenant not to sue Action Gymnastics Academy, its respective administrators, directors, agents, officers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused in whole or in part by the negligence of the "releaseses" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read and **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and instead it is to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant _____

Date _____

PARENTAL CONSENT

AND I, the minor's parent and/ or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, damages, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as a result of any such claim.

Printed Name of Parent or Legal Guardian _____

Date _____

Signature of Parent or Legal Guardian _____