

ISG Gymnastics

Summer 2019 (June 25th – Aug 15th)

Tues -8 Week Program \$280 – We will prorate for weeks you are unable to attend if listed below

Thurs-7 Week Program \$245 – We will prorate for weeks you are unable to attend if listed below

Child's Name _____

Class(es) Desired, please check:

Tues 3:30-4:30 3-5 year old (6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6, 8/13)

Tues 3:30-4:30 5-7 year old

Thurs 3:30-4:30 8 & older (6/27, 7/11, 7/18, 7/25, 8/1, 8/8, 8/15)

Thurs 3:30-4:30 Tumbling only (age 8 & up)

DOB _____ Age _____

Address _____

City, State, Zip _____

Home Phone _____

Email _____

Parent or Guardian's name _____

Cell number _____

Emergency name _____

Cell Phone _____

Is there anything we should know about your child, medically or otherwise? _____

Please list dates you are **unable** to make it due to camps or vacation. We can only prorate you (\$35 per class) for dates we know of before the semester begins.

For office use only:

Parent or guardian: Please read, then sign and date.
Athlete Membership Agreement and Information

Read the following carefully and sign below. Note: Parent/guardian signs if student is under 18 years. Fill in all blanks submit forms for current season only bearing original signatures (photocopies or facsimile is not acceptable).

Agreement:

In consideration of my membership in NJTD LLC, dba ISG Gymnastics, from here out known as ISG gymnastics, and my participation in ISG Gymnastics classes, events and activities, I agree to be bound by each of the following:

1. Eligibility I agree to comply with the rules of ISG Gymnastics.
2. Readiness to participate: I will only participate in those ISG gymnastics classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to ensure I can perform them by myself, and without injury.
3. Medical attention: I hereby give my consent to ISG Gymnastics and/or the host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events, including the use of inflatable's, trampolines, foam-filled pits and climbing apparatus.
5. Payment responsibility: I, the undersigned, have read the attached Rules and Policies governing registration and payment. No refunds will be given. I understand that I am registering my child (children) for a full session who's total fee is
\$_____.

I further agree that ISG Gymnastics, and the sponsor of any ISG Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

Information:

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through:_____

Signature of athlete if over 18:_____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verified by my signature below that I fully understand and except each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by ISG Gymnastics.

Printed name of parent/guardian:_____

Signature of parent/guardian:_____ Date:_____