



## Fall 2020 - 12 weeks (Sept 14<sup>th</sup> - Dec 13<sup>th</sup>) – Cost \$420

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Class Desired: 1<sup>st</sup> Choice - Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice - Day \_\_\_\_\_ Time \_\_\_\_\_

*In case your 1st choice is full, it is highly recommended that you choose a 2<sup>nd</sup> class option so you don't risk getting blocked out - this choice will only be used if your 1<sup>st</sup> choice is full in which case you will be notified*

\_\_\_ Check for "Advanced Class" – Must choose 2 back-to-back classes – Add \$210

Day \_\_\_\_\_ 1<sup>st</sup> class time \_\_\_\_\_ 2<sup>nd</sup> class time \_\_\_\_\_

Please try to group my child with \_\_\_\_\_.

NOTE: We will do our best to accommodate requests, however, large age differences, large groups, & school aged kids mixed with preschoolers may not be possible.

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Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian's name \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

Emergency name \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

How did you hear about ISG? \_\_\_\_\_

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

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.*

**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 unless ISG closes. Credits will be given for withdrawal from semester with 48 hours notice before next scheduled class. I understand that I am registering my child(ren) for a full remaining 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.

**COVID-19:** Please understand that when you return to the gym, a few things are certain:

- ISG holds as paramount the health, safety and welfare of every member of its community.
- Having said that, none of us can guarantee what shape COVID-19 will take, and none of us – including ISG Gymnastics – can guarantee a COVID-19-free environment. This is simply not feasible. It would be disingenuous to suggest otherwise.
- Taking steps to minimize the risk of COVID-19 infections (or any other spread of disease) at ISG Gymnastics is a shared responsibility. Every member of our community – including you – must do their part. This means adhering to national, state, and local health guidelines and requirements, and adhering to those measures ISG Gymnastics deems safe and appropriate for its facility. Specific details will be provided as circumstances dictate, but this may include such thing as: temperature checks, social distancing, wearing masks or other facial coverings, not reporting to class or coming to the gym if sick, and isolating and quarantining when required. You agree to do all of this not just for yourself, but for the safety of others, and because this is consistent with the spirit of ISG Gymnastics.
- In complete transparency, then, you understand that if you return to the physical facilities of ISG Gymnastics, there is a risk you may contract COVID-19. We certainly do not wish this on anyone, and we are taking all recommended steps to mitigate this risk, but we cannot categorically guarantee this will not happen. By coming in to the gym, you understand that this is possible. Again, we want to be transparent with everyone.

**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.

Name of athlete: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_