



Registration Fee \$30 per student

**Registration Form
2024 - 2025**

1949 East Main St., Suite 1
Mohegan Lake, NY 10547
(914) 528-5437
www.dynamic-gym.com

Child's Last Name: _____

Address: _____
(street) (city) (state) (zip)

Home Phone #: (____) _____

E-Mail Address: _____

First Student's Name: _____

Second Student's Name: _____

Class Day _____ **Time** _____

Class Day _____ **Time** _____

Birthday ____/____/____ Male ___ Female ___

Birthday ____/____/____ Male ___ Female ___

Age by Sept. 2024 ____yrs. ____mos.

Age by Sept. 2024 ____yrs. ____mos.

Does your child attend

Does your child attend

Tom Thumb Preschool? _____

Tom Thumb Preschool? _____

Parent's Name: _____

Parent's Name: _____

Parent's Employer: _____

Parent's Employer: _____

Parent's Work Phone: _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Parent's Cell Phone: _____

Who to call if parents cannot be reached:

Name/Relationship: _____

Any restrictions? ___yes ___no

Phone: _____

Explain _____

Name/Relationship: _____

Any previous illness/injury staff should be aware of?

Phone: _____

Explain _____

Doctor's Name: _____

Any intolerance to medication? ___yes ___no

Phone: _____

Explain _____

Medical Insurance: _____

Policy No.: _____

PARENT'S SIGNATURE IS REQUIRED ON BACK

Please note: Registration fee and first payment for each student in the amount specified on the class tuition schedule, must accompany this form. No registration will be accepted without payment. Please contact our office if you need a special payment plan.

Fees:

\$50.00 Withdrawal Fee to cover insurance/administrative costs

\$25.00 Late Payment Fee for payments made after the 10th of the month *****

\$35.00 Returned Check Fee*

***Please Note: If a parent's check is returned more than once, payment must be made in the form of cash along with the fee for the remainder of the semester.**

Emergency Treatment Release:

In the event that I (The Parent/Guardian) cannot be reached in case of an emergency affecting my child at Dynamic Gymnastics, I hereby give permission to my physicians as list on page one of this form or, if unavailable, the physician selected by the gym director to administer treatment to my child.

Policies:

Dynamic Gymnastics shall have the right to make all decisions regarding a student's fitness to participate. Dynamic Gymnastics shall have the right to dismiss a student if the child exhibits unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to him/herself, other gymnasts or staff members as determined by the Dynamic Gymnastics directors or if the child's parents make an unreasonable demand upon Dynamic Gymnastics.

The parent who signs this registration form will be responsible for all fees charged by the gym. To withdraw a student from our program, a written notice must be received 2 weeks prior to his/her withdrawal. **NO REFUND WILL BE MADE FOR MISSED CLASSES;** however, you can make them up. **Tuition must be paid no later than the 10th of the month. If tuition is not paid on time, your child/children will not be allowed on the gym floor until tuition is paid. Once tuition is paid, your child can make up classes that were missed.**

Release:

By the very nature of the activity, gymnastics/cheerleading carries a risk of physical injury. No matter how careful the gymnast, cheerleader and the coaches are no matter how many spotters are used, no matter what height is used on what landing surface exist, the risk cannot be eliminated. Reduced yes, but never eliminated.

Gymnastics/Cheerleading or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Dynamic Gymnastics is abided by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics/cheerleading. Anyone participating in the Dynamic Gymnastics programs (gymnastics/cheerleading) (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium.

I grant to Dynamic Gymnastics its representatives and employees the right to take photographs of my child and my child's property in connection with the above identified subject. I authorize Dynamic Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Dynamic Gymnastics may use such photographs of my child with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

In consideration of Dynamic Gymnastics acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastics & cheerleading skills through the use of Dynamic Gymnastics staff, equipment, and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all other concerned, and to indemnify them against loss. Intending to be legally bound, our signature is offered hereto: By signing below, I acknowledge the above release and agree to abide by the Rules and Regulations.

I have read, understand, and agree with all of the above.

Date: _____ Parent's/Guardian's Signature: _____