



Ph: (609) 393-5855 fax: (609) 393-5749

REGISTRATION

For Term: _____

Student Information

Name _____ Gender ___ Age ___ DOB ___/___/___ Home () _____

Name _____ Gender ___ Age ___ DOB ___/___/___ Cell () _____

Address _____ City _____ State ___ Zip _____ Emergency () _____

Mom's Email _____ Dad's Email _____ Student's Email _____

Medical conditions or allergies to which we should be alerted _____

Mom's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____

Dad's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____

How did you learn about Schafer School of Gymnastics? (If word of mouth from whom?) _____

Has anyone in your family previously been enrolled at Schafer School of Gymnastics? ___ Yes ___ No If yes, Date/Year _____

Class Information

1st choice*----- Class: _____ Age: _____ Day: _____ Time: _____

2nd choice*----- Class: _____ Age: _____ Day: _____ Time: _____

1st choice*----- Class: _____ Age: _____ Day: _____ Time: _____

2nd choice*----- Class: _____ Age: _____ Day: _____ Time: _____

***NO NEWS IS GOOD NEWS! WE CALL ONLY IF THERE IS DIFFICULTY SUPPLYING YOUR FIRST CLASS CHOICE!**

Payment Information

Annual Registration Fee - (unless paid within the last 12 months) Single \$30 Family \$45 \$ _____

Tuition (Full payment required. Payment fully refundable if your 1st class choice is not available) \$ _____

TOTAL ENCLOSED..... Check___ Credit Card___ \$ _____ (Chk # _____)

Type of credit card (check one): Mastercard ___ Visa ___

Name on credit card: _____

Card Number: _____ Exp. Date _____

Signature: _____

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

We, the staff of the Schafer School of Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading and dance. In sports, or activities involving height or motion, students may suffer injuries, possibly serious, or catastrophic in nature, including permanent paralysis or death.

I fully understand that The Schafer School of Gymnastics, Inc. and its staff members are not physicians or medical practitioners or any kind. With the above in mind, I hereby release the Schafer School of Gymnastics, Inc. staff to render temporary first aid to my child/children in the event of any injury or illness, and if deemed necessary by the Schafer School of Gymnastics, Inc. staff to seek medical help, including the calling of an ambulance for transport to a hospital for said child, should the Schafer School of Gymnastics, Inc. staff deem this to be necessary.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child/children participate in the programs offered by The Schafer School of Gymnastics, Inc. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against The Schafer School of Gymnastics, Inc. and or its representatives whether paid or volunteer.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S Signature _____ Date: ___/___/_____