

# Sunburst Gymnastics Training Center

565 Rahway Ave. Union, New Jersey 07083

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[www.sunburstnj.com](http://www.sunburstnj.com)

## 2010 - 2011 Session 1 Registration Form

Tuesday, September 7, 2010 - Monday, November 29, 2010

**\*\* (12 Week Session) \*\***

<b>Student Name:</b>	Phone Number:	
Address:		
City:	Zip Code:	Date of birth:
Parents Email:		
Choice #1 Program:	Day:	Time:
Choice #2 Program:	Day:	Time:
<b>Student #2 Name:</b>	Date of birth:	
Choice #1 Program:	Day:	Time:
Choice #2 Program:	Day:	Time:

You can come into the office to register in person or for your convenience fill out this form and along with full payment, mail it to Sunburst Gymnastics. Remember to pick a second choice in the event your first class choice is full. If you do not receive your first choice you will be notified by phone.

<b>*Session 1 Class Prices*</b>	<b>*Annual Registration Fee *</b>
12 Week Session	(2010 - 2011)
45 Minute Class \$192.00	<b>(Non Refundable)</b>
1 Hour Class \$204.00	Single Child \$45.00
2 Hour Class \$312.00	Family \$60.00

**Thank You for choosing to send your child to Sunburst Gymnastics.**  
**We appreciate your patronage and value your business.**

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**Register before June 26, 2010 and receive \$20.00 off  
of your tuition**

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## Policies and Procedures

- A. \$45.00 Single/\$60.00 Family Annual Registration Fee **MUST** accompany the registration form and is non-refundable. (Fee includes insurance coverage).
- B. Registration is for the whole year. (September-June) There will be **NO CREDITS OR REFUNDS** for early withdrawal for classes not used. Tuition must be paid in full prior to the first class of each session.
- C. **MAKE-UP Policies** (policies will be strictly enforced)
  - 1. **A phone call must be made to the office prior to missing your class.**
  - 2. **Sunburst is only allowing two make-up classes per session.**
  - 3. **Make-ups can not be carried over to another session.**
  - 4. **There will be no credits or refunds for missed classes.**
  - 5. **Do not attend a make-up class without confirmation from the office.**
  - 6. **Due to the very limited number of make-up spots per class, a missed make-up class for which you did not cancel will be counted as a completed make-up.**
- D. Sunburst Gymnastics is only responsible for your child during his/her class time inside the gym. Parents are responsible for their children's entrance and exit to the gym.
- E. All non-participating students, friends, and spectators must remain in waiting area, and may **NOT** go on the equipment, unless accompanied by a Sunburst Gymnastics Instructor.
- F. Sunburst Gymnastics is **NOT** responsible for broken, lost or stolen personal items left in the gym/waiting area.

### Medical Information Form

Parent or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

In case of an emergency, please list two additional contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any injuries, allergies, or handicaps: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of serious injury or illness while on the premises, I hereby give permission for my child to be taken to the hospital by the first aid squad if I am not available.

Yes: \_\_\_\_ No: \_\_\_\_ *Hospital Choice:* \_\_\_\_\_

*\*Signature of Parent:* \_\_\_\_\_ *Date:* \_\_\_\_\_

I do not: \_\_\_\_ I do: \_\_\_\_

Hereby grant Sunburst Gymnastics permission to publish photographs featuring the likeness or image of my child in print media; TV/Radio/Broadcast; Pod casts; Electronic Media (online) or other media.

The undersigned agrees that Sunburst Gymnastics may use the name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges Sunburst Gymnastics, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and agreed:

*\*Signature of Parent:* \_\_\_\_\_ *Date:* \_\_\_\_\_

I have read the enrollment policies, payment and make-up procedures and all other policies and agree to follow them and ensure that my child adheres to same. I further understand the potential risk inherent in my child's participation in this program, and hereby release Sunburst Gymnastics, t/a ONUSKA BROTHERS LLC staff, officers and affiliates from any liabilities in the event of an injury.

*\*Signature of Parent:* \_\_\_\_\_ *Date:* \_\_\_\_\_