

Sunburst Gymnastics Training Center

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www.sunburstnj.com

Session 3 Registration Form

Tuesday, February 16, 2010 - Monday, May 17, 2010 (13 week Session)

Student Name:	Phone Number:	
Address:	Email:	
City:	Zip Code:	DOB:
Program:	Day:	Time:

Please completely fill out the top portion of the registration form.

Mail the form along with payment to Sunburst Gymnastics or stop by the office.

If you will not be returning for session 3 please notify the office to avoid any billing issues.

Sunburst Gymnastics Session 3 Class Prices

45 Minute Class: \$208.00

1 Hour Class: \$221.00

1 1/2 Hour Class: \$273.00

2 Hour Class: \$312.00

Thank You for choosing Sunburst Gymnastics for your child's gymnastics experience. We appreciate your patronage and value your business. To show our appreciation please use the coupon below and receive a discount when you register for Kids Night Out.

\$\$EXTRA VALUE SAVINGS COUPON\$\$

Save \$5.00 off one **KIDS NIGHT OUT**

Saturday February 13th, or March 20st, or April 17th. 5:00-9:00 PM

Pizza & Drinks Included. Activities include:

Movies, Arts & Crafts, Games and FREE PLAY in the gym!

New Students registration fee: \$45.00 single and \$60.00 for a family

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:* _____