

Sunburst Gymnastics Training Center

565 Rahway Ave. Union, New Jersey 07083

Phone: 908-810-1300

www.sunburstnj.com

Summer Class Registration Form

Monday, June 28, 2010 -Thursday, August 26, 2010

(9 Week Session)

Student Name:	Phone Number:	
Address:	Email:	
City:	Zip Code:	DOB:
Program:	Day:	Time:
Choice #1 Program:	Day:	Time:
Choice #2 Program:	Day:	Time:

Please fill out the top portion of the registration form and along with full payment drop it off at the office or for your convenience mail it to Sunburst Gymnastics.

Sunburst Gymnastics Summer Session Class Prices

Monday, Tuesday, Wednesday, or Thursday Classes (9 Weeks)

45 Minute Class: \$144.00

1 Hour Class: \$153.00

****New students require registration fee****

New this summer at Sunburst Gymnastics: Pay for what you attend summer classes.

You must register in advance and inform us of the exact weeks you will be here.

We will not take walk-ins.

Our summer classes are nine weeks this year but, you can pay for only the weeks you will be here.

If you have vacation plans and summer camp plans for the kids do not worry.

You can sign up for for the weeks you will be home and can attend.

Having a hard time learning a skill? Need help improving your strength?

Let us help you. Schedule a private lesson with a member of our qualified staff.

******Please call the office for more information.******

PLEASE TURN OVER

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:* _____