Seikunas' Gymnastics Inc
Bldg. 210 Unit 8 West Parkway
Pompton Plains, NJ 07444
(973)835-1665
Fax: (973)835-6225

2011-2012 REGISTRATION FORM

PLEASE PRINT CLEARLY

Pre-School _____ General_____
Male _____ Female_____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: ( ) _____ Emergency Number: ( ) _____

Cell Phone Number: ( ) _____ E-mail Address: _____

Birthday: _____ Age Now: _____

Mother's Name: _____ Father's Name: _____

Does your child have any medical problems? Yes_____ No_____
Explain: _____

_____

List All Medications: _____

Class Day: _____ Class Time: _____

I will notify the office of Seikunas Gymnastics Inc. of any changes in the medical condition of my child. Any activity involving height, flight and/or rotation of the body such as a gymnastics class increases the chance of accidental injury including serious head and neck injuries. I understand I am assuming all risks inherent in gymnastics whether known or unknown and that by signing this document I am giving up my right to sue Seikunas Gymnastics Inc., its management or employees. I voluntarily sign my name evidencing my acceptance of the above provisions.

Once a session has started, refunds will not be issued. In-house credits will only be issued prior to the fourth class of session.

Date: _____ Signature of Parent _____

I have read and understand all the Rules and Policies of Seikunas Gymnastics Inc.and accept the terms set forth above.

I understand that the $100.00 deposit will hold my child's class day and time at Eastern National Academy throughout the summer. This is a **NON-REFUNDABLE** deposit. I also understand that the full payment is due by 8/28/2011, and that without full payment Seikunas Gymnastics Inc. cannot guarantee my child's spot.

Date: _____ Signature of Parent _____