



SCARLET KNIGHTS GYMNASTICS ACADEMY (SKGA)

2016-2017 Registration & Enrollment Form

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Scarlet Knights Gymnastics Academy

College Avenue Gymnasium

130 College Avenue

New Brunswick, NJ 08901

Phone: 848-932-7155 Fax: 732-932-1363 E-mail: scarletknightsgymnastics@gmail.com

Family/Child(ren)'s Last Name: _____

Child's First Name & Middle Initial: _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____ **Sex:** _____

1. _____ /____/____ _____ _____ _____ M/F

2. _____ /____/____ _____ _____ _____ M/F

3. _____ /____/____ _____ _____ _____ M/F

How did you hear about us? _____

Please select the session your child (ren) will be attending:

___ Summer (July 18-Aug 17)

Mother's/Guardian's Name: _____ **Phone Number:** _____

Father's/Guardian's Name: _____ **Phone Number:** _____

Home Address _____ City/Town _____ State _____ Zip Code _____

E-mail Address (for receipt & important updates) _____ Emergency Contact Name/Phone # (Other than parent/guardian) _____

Insurance Company Name _____ Doctor's Name _____

Insurance Company Phone Number _____ Doctor's Phone Number _____

Insurance Policy/Member Number _____ Group Number _____ Doctor's Office Address _____

Please note any other concerns that would aid in instructing you child(ren). Include allergies, conditions, medications, etc.:

RELEASE—MUST be signed for your child to be allowed to participate :

All precautions will be taken to prevent accidents. Simple First-Aid will be administered to all minor injuries. Parents and/or paramedics, ambulance or doctor may be called when necessary. It is hereby agreed that I, my child(ren), my grandchildren, my heirs and executors, waive and release all rights and claims for damages that I may have at any time at Scarlet Knights Gymnastics Academy (SKGA, LLC). I understand that participation in gymnastics and use of its equipment may cause injury (both minor and severe), paralysis, and even death. In such a circumstance, I do not hold Scarlet Knights Gymnastics Academy or its staff and coaches responsible for any injury. By signing below, I agree that all the risks involved in respect to such a program are fully understood and I agree to the previous statements. This release is valid at all terms or months my family and I are enrolled. By signing this release I also agree to all the policies and rules stated in the information packet received before and after registration. This includes payment & make-up policies, including any special payment plans and due dates.

Printed Name: _____

Signature: _____ Date: _____

