



# SCARLET KNIGHTS GYMNASTICS ACADEMY (SKGA)

## 2017-2018 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](mailto:scarletknightsgymnastics@gmail.com)

**Family/Child(ren)'s Last Name:** \_\_\_\_\_

Child's First Name & Middle Initial:	Birthday:	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:**

\_\_\_ Fall (Sept 5-Dec 12) \_\_\_ Winter/Spring I (Jan 2-Apr 30) \_\_\_ Spring II (May 12-June 30) \_\_\_ Summer (July 16-Aug 16)

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: \_\_\_\_\_

