

**Rettig's Gymnastics Training Center Inc. , 19 E. Frederick Pl., Cedar Knolls, N.J. 07927**  
973-267-5611, fax 973- 267-7796, Email Rettigsgymnastics@gmail.com

Please Print or type

**Student Name** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex M F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_  
Person to notify in case of emergency \_\_\_\_\_ Emergency phone \_\_\_\_\_  
1st. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_ 2nd. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_

**Student 2 Name** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex M F  
1st. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_ 2nd. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_  
**Student 3 Name** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex M F  
1st. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_ 2nd. Class choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_

Are there any medical conditions of which we should be aware? Allergies? Asthma? recent broken bones?  
If yes, Please explain: \_\_\_\_\_  
Is your child on any medication? If so please list: \_\_\_\_\_  
Does your child require medication which may need to be administered during gym hours?  
(If yes—a signed note indicating medicine, instruction and dosage must accompany this form.)

We accept cash, checks, Visa or Mastercard. **Full payment MUST accompany form.** Registration can be done in person, by phone, fax, mail or Email as pdf.

Name on card : \_\_\_\_\_ credit card # \_\_\_\_\_ Exp date: \_\_\_\_\_ Security \_\_\_\_\_  
Billing Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Signature \_\_\_\_\_  
Amount to be charged \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Paid _____	Date Paid _____	Amount Due _____	Recorded By: _____
Session _____	Class _____	Day _____	Time _____

I understand Rettig's Gymnastics Training Center Inc. reserves the right to use your child's photographs and videos without name for legitimate purposes that include, but are not limited to Rettig's advertising, publicity campaigns, on printed material such as brochures, newsletters, coupons, and affiliated internet sites such as but not limited to Rettig's website, Facebook, YouTube, or Instagram. If you do not wish to have your child's image used by Rettig's Gymnastics, please inform us in writing.

In consideration of participating in the Rettig's Gymnastics Training Center Inc. I represent that I understand the nature of this Activity and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if any of these representations are untrue, or if I believe the activity is unsafe or no longer safe for the gymnast, I will discontinue the gymnast's participation in the activity.

**ASSUMPTION OF RISK:** Participation in gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk.

**WARNING:** By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes but is not limited to, minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls to the back, neck or head.

The undersigned parents or guardians of \_\_\_\_\_, the applicant, for in further consideration of accepting said applicant, hereby agree to save and indemnify and hold harmless the said Rettig's Gymnastics Training Center Inc. and its employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by this applicant during or as a result of any course of instruction given to this applicant by the Rettig's Gymnastics Training Center Inc.

I have read the above and agree. Signature of Parents or Guardian \_\_\_\_\_