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**2019-2020 SESSION 3 Registration Form**

**Tuesday, January 21, 2020 – Monday, March 16, 2020**

**(8 Weeks)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  |  | **Phone Number:** |
| **Address:** |  |  |  |
| **City:** | **Zipcode:** |  | **Date Of Birth:** |
| **Parents Email:** |  |  |  |
| Class: |  | Day: | Time: |
| 2nd Choice: |  | Day: | Time |
| **Student #2 Name:** |  |  | **Date of birth:** |
| Class: |  | Day: | Time: |
| 2nd Choice: |  | Day: | Time |

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| **\*Session 3 Class Prices\***  8 Week Session  45 Minute Class $176.00   1. Hour Class $184.00 2. Hour Class $248.00 |

Annual Registration fee for members is $45.00 for one child or $60.00 for a family. (Good till August 31, 2019)

Registration and tuition must be paid in full in order to register. We accept MasterCard, Visa, Checks or Cash

|  |  |  |  |  |  |  |  |  |  |  |
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|  | **Credit Card Charge (Master Card/Visa ONLY)** | | | | |  | | | |  |
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| Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
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| Credit Card :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
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| Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | CID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  |  |  |  |  |  | |  | |  |  |
| Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

**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 or for classes not used. Tuition must be paid in full one week 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 allows only two make-up classes per session.**
  3. **Make-ups cannot 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 makeup.**

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.

**Emergency Information and Authorizations**

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please list two additional contacts:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**I do: \_\_\_ I do not: \_\_\_\_** 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, 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.

**MEDICAL RELEASE AND ASSUMPTION OF RISK:** By the very nature of sports, gymnastics and other activities available at Sunburst Gymnastics carry a risk of physical injury. No matter how careful the participant and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment utilized, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. All sports and gymnastics, carries with it a reasonable assumption of risk. The use of the Gym is voluntary, and in deciding to participate in activities in this facility, the participant assumes the inherent risks associated with this activity. Anyone participating in Sunburst Gymnastics’ programs must sign the notice on the application, and adhere to the safety rules governing Sunburst Gymnastics. These rules are posted inside Sunburst Gymnastics. In consideration for Sunburst Gymnastics acceptance of the applicant, and in consideration of the applicant’s opportunity to improve skills through the use of Sunburst Gymnastics’ staff, equipment and facilities, those legally responsible for the named enrolling student acknowledge the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless Sunburst Gymnastics, its employees, and all others concerned, and to indemnify them against loss, including, but not limited to, medical expenses. I understand that there are certain risks involved with Gymnastics. I understand that there are unforeseeable accidents or incidents that may occur, and I assume full responsibility for the risk of bodily injury, death, and property damage to me and/or my child (ren) while using the Gym. I and my child (ren) agree to abide by all Gym policies, and if the Gym staff makes a specific request of or instruction to me or my child (ren), I/we agree to comply. By signing this agreement, I certify and acknowledge that I have read and understand the policies regarding the Gym and the liability this agreement and I hereby agree to these terms. I further certify and acknowledge that I received and read a copy of the Gym policies and I agree to abide by those. I certify that the enrollee has no condition that prohibits full participation in the activities at Sunburst Gymnastics. I assume all ordinary risks when using the facilities and hereby release Sunburst Gymnastics, or any of its employees, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize Sunburst Gymnastics, its agents and employees, to contact and secure necessary medical attention for my child.

FOR PARTICIPANTS OF MINORITY AGE I, the parent/guardian or student over the age of eighteen have read the Sunburst Gymnastics Payment, Make Up Policies, Procedures, and Waiver Form above including the MEDICAL RELEASE AND ASSUMPTION OF RISK and understand and agree to be bound by them. This is to certify that I, a parent/guardian with legal responsibility for this participant, a minor, and on the minor’s behalf and on my behalf and on behalf of all other parents or guardians of the minor, hereby accept the above assumption of risk, release, waiver of warranty, and waiver of liability as an inducement for allowing my child, or this minor, to participate and use Sunburst Gymnastics’ facilities and activities, and do hereby consent and agree to the release and waiver, for myself, my minor child/ward, my heirs, assigns, and next of kin. I hereby release and agree to indemnify and hold harmless Onuska Brothers, LLC d/b/a Sunburst Gymnastics from any and all liabilities incident to my minor child/ward’s involvement or participation in any use of the Sunburst Gymnastics’ equipment or facility as provided above to the fullest extent permitted by law.  **I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT THE TERMS ARE CONTRACTUAL AND NOT A MERE RECITAL, THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY AS MY OWN FREE ACT WITHOUT INDUCEMENT. IF ONE OR MORE PORTIONS OF THE WAIVER ARE FOUND UNENFORCEABLE, THE REMAINDER OF THE WAIVER SHALL REMAIN ENFORCEABLE**.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian if student is under 18 years of age)