

**NORTHEAST GYMNASTICS ACADEMY REGISTRATION
FALL SESSION - 2017**

CLASS DAY: _____ TIME: _____
 PARTICIPANT'S NAME: _____ PHONE: _____
 HOME ADDRESS: _____ BIRTHDATE: _____ AGE: _____

 CITY: _____ ZIP: _____
 PREVIOUS GYMNASTICS TRAINING: _____ WHERE: _____
 LENGTH OF TRAINING: _____
 MEDICAL OR OTHER CONDITIONS WE NEED TO BE AWARE OF: _____

 LIST OF ALLERGIES TO MEDICATIONS, FOOD, OTHER: _____

NORTHEAST GYMNASTICS ACADEMY CARRIES A SECONDARY ACCIDENT INSURANCE ON ALL STUDENTS WITH SUBSTANTIAL DEDUCTIBLES AND WHICH REQUIRES THE USE OF YOUR OWN PRIMARY HEALTH INSURANCE TO PAY FIRST AND TO ITS LIMIT AND AFTER THE EXHAUSTION OF ALL OTHER COVERAGE FOR WHICH THE PARTICIPANT MAY BE ELIGIBLE, PLUS APPLICABLE DEDUCTIBLES BEFORE ANY PAYMENT WILL BE MADE. I UNDERSTAND THAT IN LIEU OF A PRIMARY HEALTH OR ACCIDENT POLICY, I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, AM REQUIRED AND WILL ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ANY INJURIES MY CHILD MAY INCUR WHILE ON THE PREMISES OR WHILE PARTICIPATING IN GYMNASTICS OR ANY ACTIVITY AT OR SPONSORED BY NORTHEAST GYMNASTICS ACADEMY.

PRIMARY HEALTH INSURANCE CO.: _____
 POLICY OR GROUP #: _____
 HOSPITAL (WHERE TO BE TAKEN IN CASE OF AN EMERGENCY): _____
 PHYSICIAN'S NAME: _____ PHONE: _____

ALL REGISTRATION FEES MUST BE PAID IN ADVANCE AND ARE NON-REFUNDABLE. ALL SESSION FEES MUST BE PAID IN ADVANCE AND ARE NON-REFUNDABLE WITH THE FOLLOWING EXCEPTIONS: "SEVERE INJURY OR A PROLONGED ILLNESS RESULTING IN A PHYSICAL INABILITY TO FINISH THE SESSION. PROOF FROM YOUR PHYSICIAN MAY BE REQUIRED. WE RESERVE THE RIGHT TO GIVE THE UNUSED PORTION OF THE SESSION (FROM DATE OF INJURY OR DATE OF BEING INFORMED OF AN INJURY OR ILLNESS) AS A REFUND IN THE FORM OF MAKE-UP TIME OR A MONETARY REFUND. **OUR DECISION IS FINAL.** ALL OTHER REQUESTS FOR REFUNDS WILL NOT BE GRANTED. REQUESTS FOR A DIFFERENT DAY OR TIME WILL BE GRANTED, SPACE PERMITTING.

**FALL SESSION 2017 (13 WEEKS)
(August 21st thru November 18th)**

Fall Session Fee:	\$195.00
Registration Fee:	25.00 (Thru Aug. 31, 2018)
TOTAL	\$220.00

TUITION

	1 Hour Class	1 1/2 Hour Class	2 Hour Class
1st child	\$195.00 + \$25 = \$220.00	\$260.00 + \$25 = \$285.00	\$312 + 25 = \$337
2nd child	\$182.00 + \$25 = \$207.00	\$247.00 + \$25 = \$272.00	\$299 + 25 = \$324
3rd child	\$169.00 + \$25 = \$194.00		

NORTHEAST GYMNASTICS ACADEMY
 LISA HUMMEL
 GYM: 40 FERRY ROAD, HANOVER TWP., PA 18706
 (570) 826-7090 OR (570) 829-3636
 ngagym.com

**WAIVER AND RELEASE OF LIABILITY OF
NORTHEAST GYMNASTICS ACADEMY**

NORTHEAST GYMNASTICS IS NOT RESPONSIBLE FOR ANY LIABILITY IN THE EVENT OF INJURY OR ACCIDENT.

BECAUSE GYMNASTICS IS AN ACTIVITY THAT INVOLVES ROTATION AND HEIGHT, THE RISK OF CATASTROPHIC INJURY IN GYMNASTICS INCLUDES THE POTENTIAL FOR PERMANENT PARALYSIS AND DEATH. WHILE SAFETY RULES, CERTAIN EQUIPMENT, AND DISCIPLINE MAY REDUCE THE RISK, THE RISK OF SERIOUS INJURY OR DEATH STILL EXISTS. UPON ENROLLMENT, I/WE BOTH KNOWINGLY AND FREELY ACCEPT AND ASSUME SUCH RISKS, BOTH KNOWN AND UNKNOWN. MY CHILD'S PARTICIPATION IS STRICTLY VOLUNTARY, AND MY CHILD AND I ARE FULLY AWARE OF THE POTENTIAL FOR INJURY.

I, FOR MY CHILD, FOR MYSELF, AND ON BEHALF OF ANY RELATIVES OR HEIRS, OR THE NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY, THE NORTHEAST GYMNASTICS ACADEMY, ITS OWNER(S), ITS CORPORATION, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, SPONSORING AGENCIES, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT GYMNASTICS OR OTHER ACTIVITIES SPONSORED BY NORTHEAST GYMNASTICS ACADEMY WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE OR PROPERTY, WHETHER ARISING FROM INHERENT RISKS OR FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES MENTIONED ABOVE OR OTHERWISE.

I/WE GIVE PERMISSION FOR A NORTHEAST GYMNASTICS COACH TO ADMINISTER FIRST AID IN CASES OF MINOR INJURIES, AND IN CASES OF SEVERE INJURY UNTIL TRAINED MEDICAL PERSONNEL CAN BE REACHED. I AUTHORIZE A NORTHEAST GYMNASTICS ACADEMY COACH TO GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT IF QUALIFIED MEDICAL PERSONNEL CONSIDER TREATMENT NECESSARY. THIS EMERGENCY MEDICAL TREATMENT AUTHORIZATION IS GRANTED ONLY IF A PARENT OR GUARDIAN CANNOT BE REACHED AND A REASONABLE EFFORT HAS BEEN MADE TO DO SO.

I SWEAR MY CHILD IS IN GOOD PHYSICAL HEALTH AND HAS NO DISEASE OF INJURY THAT WOULD INTERFERE WITH FULL PARTICIPATION IN ALL GYMNASTICS ACTIVITY OR ANY RELATED ACTIVITY SUCH AS, BUT NOT LIMITED TO, AEROBIC, FLEXIBILITY, DANCE, STRENGTH, WEIGHT TRAINING, AND OTHER CONDITIONING EXERCISES.

I WILL INFORM NORTHEAST GYMNASTICS ACADEMY, IN WRITING, OF ANY CHANGES, ADDITIONS, OR DELETIONS OF ANY INFORMATION CONTAINED ON THESE PAGES, INCLUDING BUT NOT LIMITED TO CHANGES OF ADDRESS, PHONE NUMBER, HEALTH INSURANCE, MEDICAL CONDITIONS, ETC.

I WILL KEEP INFORMED OF RULES AND REGULATIONS OR CHANGES THERETO, AND ANY OTHER PERTINENT INFORMATION BY READING ALL NOTICES THAT ARE POSTED ON THE WAITING ROOM BULLETIN BOARD OR WALL.

I/WE HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND THE POTENTIAL FOR INJURY OR DEATH, HAVE READ AND DISCUSSED THIS WITH OUR CHILD IN AGE-APPROPRIATE LANGUAGE. WE ACCEPT THE RISK INVOLVED.

HAVING ACCEPTED THE RISKS AND BEING FULLY AWARE OF THE POTENTIAL FOR SERIOUS INJURY, I/WE GIVE PERMISSION FOR OUR CHILD TO PARTICIPATE IN GYMNASTICS LESSONS AT NORTHEAST GYMNASTICS ACADEMY. IN CONSIDERATION FOR PARTICIPATION IN GYMNASTICS OR RELATED ACTIVITY, I/WE AGREE NOT TO SUE AND TO HOLD HARMLESS THE NORTHEAST GYMNASTICS ACADEMY AND ALL OTHERS MENTIONED IN THIS DOCUMENT, FOR ANY INJURY OR RESULTING DEATH FROM AN INHERENT RISK OR FROM ORDINARY NEGLIGENCE FOR NOW AND FOREVER IN THE FUTURE.

IF ANY PART OF THIS AGREEMENT IS HELD VOID, THIS WILL HAVE NO EFFECT UPON THE REMAINDER OF THE AGREEMENT.

BOTH PARENTS MUST SIGN FOR PARTICIPANTS UNDER AGE OF 21

MOTHER'S SIGNATURE: _____
(Legal guardian)

DATE: ___/___/___

PRINT FULL NAME: _____

HOME PHONE: _____

OCCUPATION: _____

CELL PHONE: _____

FATHER'S SIGNATURE: _____
(Legal guardian)

DATE: ___/___/___

PRINT FULL NAME: _____

HOME PHONE: _____

OCCUPATION: _____

CELL PHONE: _____

IF EITHER OF THE ABOVE SIGNATURES IS ABSENT, PLEASE EXPLAIN ON THE APPROPRIATE SIGNATURE LINE.

EMERGENCY PHONE NUMBERS (OTHER THAN ABOVE, SUCH AS A NEIGHBOR, RELATIVE, FRIEND):

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____