

# NEW ENGLAND GYMNASTICS TRAINING CENTER, L.L.C. Registration/Waiver Form

**Student's Name:** \_\_\_\_\_ M / F DOB \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

**Mother's Name :** \_\_\_\_\_ Home \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP Occupation \_\_\_\_\_

Billing Address Y / N Custodial Parent Y / N

Email \_\_\_\_\_

**Father's Name :** \_\_\_\_\_ Home \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP Occupation \_\_\_\_\_

Billing Address Y / N Custodial Parent Y / N

Email \_\_\_\_\_

**\*\*REQUIRED\*\*** MASTERCARD OR VISA INFO ON FILE. NEGTC reserves the right to process any unpaid balance.  
We DO NOT automatically charge this card for tuition each session.

**Card Number:** \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Customer name as it appears on card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US** \_\_\_\_\_

**MEDICAL:** Are there any medical conditions/allergies to which we should be alerted: \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(read reverse side)

New England Gymnastics Training Center, L.L.C.  
5 Tracy Lane, Hudson, New Hampshire 03051

Phone: (603) 880-8482 \* Fax: (603) 880-1800 \* Email: NEGTC@comcast.net \* www.negtc.com

**NEGTC POLICIES, RELEASES AND FINANCIAL COMMITMENT (please read)**

You are now signed up for the entire season (Sept.-June). If you do not want to continue, we ask that you notify the office during Week 8. If the office does not receive proper notice & the next session begins and you only attend one class or do not show up for class, you will be responsible to pay tuition for the entire session. TRANSFERS OR DROPS – you must notify the office during Week 8. Transfers are effective Week 1. Registration fees and tuition are non-refundable and non-transferable. Tuition must be paid by the due date for each session in order to avoid a \$20.00 late fee. There are no make-ups for missed classes and there are no refunds. The tuition payment schedule is listed on the back of the white schedule card that is given to every customer at sign up, also listed on the back of the Fall newsletter and on our website. THE 1ST DAY OF OUR SESSIONS MAY NOT FALL ON THE 1ST DAY OF EACH MONTH. Please refer to the tuition payment schedule and school calendar.

- A \$45.00 non-refundable yearly (Sept. – Aug.) student registration fee must accompany this form. Registration fee is NON REFUNDABLE and is NOT deducted from the tuition.
- In order to avoid a \$20 late fee, payment must be received by the due date for each session.
- Families registering more than one student in rec gymnastic classes receive a discount off the lower priced program.
- There are no discounts for preteam or team classes.
- Outstanding balances may result in your child losing their assigned space in our program.
- Anyone terminating the program must finish the current session and notify the office no later than week 8 of a session.
- All fees and charges are due regardless of attendance. Advance payments must finish all paid sessions.
- Returned check fee is \$20.
- A \$25.00 reinstatement fee will be charged to anyone returning to the team or preteam program.
- THERE ARE NO MAKE-UPS FOR MISSED CLASSES AND THERE ARE NO REFUNDS.

**Acknowledgement of Risk and Waiver of Liability Please Read Before Signing!**

I recognize that potentially severe injuries, including, but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including, but not limited to, gymnastics, tumbling, fitness, trampoline, cheerleading, ball sports and swimming. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all New England Gymnastics Training Center programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue New England Gymnastics Training Center, its officers, directors, shareholders, employees, volunteers and all others associated with New England Gymnastics Training Center from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of New England Gymnastics Training Center.

I understand that if my child/children have any physical condition that may impair his/her ability to engage in the activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program. I also understand that New England Gymnastics Training Center retains the right to use any photographs, videotapes, motion picture recordings or any other record of events for publicity, advertising or any legitimate purposes. I fully understand that New England Gymnastics Training Center staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release New England Gymnastics Training Center to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by New England Gymnastics Training Center 's staff to seek medical help and/or call an ambulance. In the event of an accident or emergency, I hereby authorize my child/children to be transported to a hospital for medical treatment and I hold New England Gymnastics Training Center and it's representatives harmless in the execution of such. I hereby agree to individually provide for all present and possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while participating at or for New England Gymnastics Training Center. I acknowledge that I have read and understand the administrative and class policies on reverse side of this form.

I have read and understand the acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

**(Do NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY)**

Form of Payment (check one)

Cash     Check     Visa     MasterCard     Debit Card

Registration year

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