



Registration Form

732-223-5020

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info@epicgymnj.com

STUDENT INFORMATION:

Last Name: _____ First: _____ M/F DOB _____ Age _____

2nd Child _____ First _____ M/F DOB _____ Age _____

3rd Child _____ First _____ M/F DOB _____ Age _____

Address: _____

(Street)

(City)

(State)

(ZIP)

Phone () _____ Cell Phone () _____

E-mail _____ Work Phone () _____

Mother's Name _____ Father's Name _____

***Are there any MEDICAL CONDITIONS or any other LIMITATIONS to which we should be alerted?

If your child were to appear in individual or group photo/video taken on our premises or a sanctioned event, are we able to use the image(s) for advertising (lobby TV, brochures, website, etc.)? SIGN _____

CLASS INFORMATION:

1st Choice: Class/Day/Time

2nd Choice: Class/Day/Time

1st Child: _____

2nd Child: _____

3rd Child: _____

PAYMENT INFORMATION: You must have a valid credit/debit card on file for auto charge We see ONLY the LAST FOUR digits on file. If you do not keep a card on file, you must pay prior to the start of the session. See reverse of form for tuition payment information and options.

Payment Options:

Annual Family Registration \$ _____

Cash Check # _____

Tuition 1st child \$ _____

CC (Visa/MC/Amex/Discover) _____

Tuition 2nd child \$ _____

Tuition 3rd child \$ _____

Date Paid _____

Total Payment \$ _____

WAIVER RELEASE—I (we), despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches, and other members of Epic Gymnastics, LLC, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Epic Gymnastics. I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost, if any, may incur as the result of such claim. I have read, understand and agree to comply with Epic Gymnastics, LLC Rules & Policies attached or contained on the back of this Registration Form. This Waiver covers all participants in the program. Parents/Guardians participating in the Me and You program are also bound by this waiver and must sign prior to participating.

Print Legal Guardian's Name

Legal Guardian's Signature

Date

Additional Me & You participants