

MONMOUTH GYMNASTICS ELITE

SUMMER CLASS REGISTRATION 2019

1. Child's Name	Sex M F	DOB Age:	Home #:
2. Child's Name	Sex M F	DOB Age:	
3. Child's Name	Sex M F	DOB Age:	
Parent/Guardian Name:	Work #:	Cell #:	
Parent/Guardian Name:	Work #:	Cell #:	
Email: Must be provided			
Address	City	Zip	
Medical Conditions/Allergies	1.	2.	3.

GYMNASTICS CLASSES Tuition Prices Per Month

50 m or 1 hr class	\$90 per month
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Sibling Discount
\$81.00, \$76.50 or \$72.00 per month

1 ½ hrs Pre-Team	\$134 per month
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2 hrs Pre-Team	\$170 per month
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2½ hrs Pre-Team	\$180 per month
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Add a 2 nd 1 hour class (comes 2 x's per week)	Special rate-2 hours p/wk \$159 p/mth 1st child \$145 p/mth 2nd child \$130 p/mth 3rd child
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Pre-Team Students: 2 or 3 times per week

Pre-Team Advanced (Girls)

2 x's per week = 3 hours \$235 p/month

Pre-Team White (Girls)

2 x's per week = 4 hours \$260 p/mth or 3 x's per week \$290 p/mth

Pre-Team Red (Girls)

2 x's per week = 5 hrs \$285 p/mth or 3 x's per week = \$315 p/mth

All Thursday classes will be prorated as we will be closed for the 4th of July. Thursday Summer Classes begin July 11th

Class Program Information: July 1st – August 24th

1st Child:

Class: _____

Day: Mon Tues Wed Thurs **Time:** _____

2nd Child:

Class: _____

Day: Mon Tues Wed Thurs **Time:** _____

3rd Child:

Class: _____

Day: Mon Tues Wed Thurs **Time:** _____

MGE BUCKS

Going on vacation? Worried about missing classes? **DON'T WORRY!**

*Miss a Class & Receive **MGE BUCKS***

You will receive \$5.00 worth of MGE Bucks for every ½ hour class time missed.

Limit-3 missed classes per person. Not applicable for students arriving late to class (must miss entire class time). Earn MGE bucks for Fall 2019 tuition or towards a gymnastics birthday party for your child.

Please continue on back/Read & Sign where applicable.

Registration & Insurance

Payment Details: July & August 2019

New Students: \$15/Family \$20

CC# _____ Exp _____

Current Students: No charge

CASH \$ _____ CHECK # _____

(read and sign where applicable).

Amount Due: _____

AMOUNT PD: _____

**BOTH JULY & AUGUST MONTHS MUST BE PAID IN FULL UPON
REGISTRATION = See Payment Terms Below**

Terms & Conditions: PLEASE INITIAL ON EACH LINE BELOW & SIGN/DATE THE BOTTOM OF THE REGISTRATION FORM/CONTRACT:

- 1) _____ Initial Payment Options & Information: I understand that this payment option locks registration for July and August class(es). I understand registering in advance for classes is being provided to me as a benefit and that this pre-payment allows Monmouth Gymnastics Elite and its administration to staff camp/clinics efficiently, safely and sets aside funds as necessary for improvements, renovations to the gym and camp supplies and, therefore, advanced payments are not refundable. I understand I am making a one-time non-refundable payment.
- 2) _____ Initial Discontinuing due to Medical Necessity: If your child(ren) need to drop from the program due to medical reasons we require a valid doctor's note. Any unused days will be calculated into a Monmouth Gymnastics Elite credit that will be held in our electronic customer database for your child(ren) for their use when they are ready to return to future class, camp or clinics. This Monmouth Gymnastics Elite class credit will have no expiration date.
- 3) _____ Initial Absences, missed classes, schedule changes: Schedule requests can be made with 7 days ADVANCE NOTICE. Changes can be made to classes if class space is available however this is subject to management approval based on availability and the safety and integrity of the programs. I understand there is no refund for missed classes due to sickness or schedule changes not made 7 days in advance with Management approval. Earn MGE Bucks for each ½ hour class time missed (restrictions apply). Restrictions include: student(s) must miss entire class time, limit 3 missed classes to earn MGE bucks and MGE bucks may be used for future tuition or birthday parties only.
- 4) _____ Initial Medical Waiver: I recognize that severe injuries, including permanent paralysis or death can occur in sports that involve height or motion: those activities include, but are not limited to gymnastics, tumbling, dance and trampoline and team competition. Being fully aware of these dangers, I hereby give consent for my child/all children/family to participate in any and all Monmouth Gymnastics Elite programs and activities and I accept responsibility for all risks associated with this participation. In consideration for their participation I, hereby, for myself and my child or children and our respective heirs and successors covenant not to sue and forever release MG, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation. In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment, and I hold MGE and its representatives harmless in the execution of such. I have read and understood this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement.

"I have read, understand, and agree to the all of the terms outlined in paragraphs 1 through 4 of this contract"

Parent/Guardian Signature _____ Date _____



Monmouth Gymnastics Elite
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