

Seikunas' Gymnastics Inc  
Bldg. 210 Unit 8 West Parkway  
Pompton Plains, NJ 07444  
(973)835-1665

Fax: (973)835-6225

2012-2013 REGISTRATION FORM

**PLEASE PRINT CLEARLY**

Pre-School \_\_\_\_\_ General \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Emergency Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age Now: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Does your child have any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

List All Medications: \_\_\_\_\_

Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_

I will notify the office of Eastern National Academy of any changes in the medical condition of my child. Any activity involving height, flight and/or rotation of the body such as a gymnastics class increases the chance of accidental injury including serious head and neck injuries. I understand I am assuming all risks inherent in gymnastics whether known or unknown and that by signing this document I am giving up my right to sue Eastern National Academy, it's management or employees. I voluntarily sign my name evidencing my acceptance of the above provisions.

**Once a session has started, refunds will not be issued. In-house credits will only be issued prior to the fourth class of session.**

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_

I have read and understand all the Rules and Policies of Eastern National Academy of Gymnastics and Dance and accept the terms set forth above.

I understand that the \$100.00 deposit will hold my child's class day and time at Eastern National Academy throughout the summer. This is a **NON-REFUNDABLE** deposit. I also understand that the full payment is due by 8/24/2012, and that without full payment Eastern National Academy can not guarantee my child's spot.

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_