



RETTIG 'S GYMNASTICS
TRAINING CENTER INC.
19 E. FREDERICK PL.
CEDAR KNOLLS, N.J. 07927
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SUMMER GYMNASTICS 2021

Rettig's Gymnastics would like to introduce our summer session. In an effort to be more flexible and accommodating for summer vacations, we have instituted the following options. All children will be required to attend a **minimum** of 6 classes (you may register for more). The summer session is from July 6-Aug 26, 2021. This requirement can be met by one of two options based on available classes.

Option 1 : register for 1 class per week for 8 weeks.

Option 2 : register for 2 classes per week for any 4 weeks.

Preschool (min. 4 y.o.), Kindergarten, and Girls Beginner 1 and 2 classes are offered Monday-Thursday, 4:00-5:00 P.M.

Register early to secure your place in class!

TUITION:

- Annual \$30.00 per child non-refundable registration fee. (this fee covers a 12 month period, students previously enrolled may still be covered).
- \$192.00 per 8 classes. (Additional classes will be charged at a rate of \$24.00/class).
10% discount for siblings enrolled from immediate family.
- **Payment for all classes is due in full at time of registration.**
- Payment must be made prior to your child attending any classes.
- Cash, personal checks, Mastercard or Visa accepted
- Make-ups for missed classes must be scheduled in advance.
- **No refunds or credits will be allowed for any missed classes during the summer.**
- All classes are filled on a first come first served basis; are subject to availability; may be changed or canceled at the discretion of the management.

*** IF YOU HAVE A GROUP OF 4 OR MORE AND WOULD LIKE TO REQUEST A SPECIFIC TIME AND DAY WE WILL BE HAPPY TO ACCOMMODATE YOU PROVIDED WE HAVE AN INSTRUCTOR AND SPACE AVAILABLE ***

Rettig's Gymnastics Training Center Inc., 19 E. Frederick Pl., Cedar Knolls, N.J. 07927
 973-267-5611. fax 973-267-7796, Email Rettigsgymnastics@gmail.com
 Please Print or type

Student Name _____ Age _____ DOB _____ Sex M F
 Address _____ City _____ State _____ Zip _____
 Parent Name: _____ Cell _____
 Parent Name: _____ Cell _____
 Home Phone: _____ E-mail _____
 Person to notify in case of emergency _____ Emergency phone _____
 Student 2 Name _____ Age _____ DOB _____ Sex M F

REGISTRATION INSTRUCTIONS

- 1) Circle which weeks you would like to attend.
- 2) Circle which day or days you will be attending.
- 3) Mail or bring in completed form and FULL PAYMENT. Your child will not be registered unless we have full payment.
- 4) Classes may changed or cancelled at the discretion of the management.

Week 1 July 6-8	Week 2 July 12-15	Week 3 July 19-22	Week 4 July 26-29	Week 5 Aug 2-5	Week 6 Aug 9-12	Week 7 Aug 16-19	Week 8 Aug 23-26
MONDAY		TUESDAY		WEDNESDAY		THURSDAY	

Are there any medical conditions of which we should be aware? Allergies? Asthma? recent broken bones?
 If yes, Please explain: _____

Is your child on any medication? If so please list: _____

In consideration of participating in the Rettig's Gymnastics Training Center Inc. I represent that I understand the nature of this Activity and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if any of these representations are untrue, or if I believe the activity is unsafe or no longer safe for the gymnast, I will discontinue the gymnasts participation in the activity. I have read the above and agree. Signature of Parents or Guardian _____

We accept cash, checks, Visa or Mastercard. There is a 3% charge on all credit card payments. Full payment MUST accompany form. Registration can be done in person, by phone, mail or Email as pdf.

Name on card : _____ credit card # _____ Exp date: _____ Security _____
 Billing Address _____ Zip code _____
 Signature _____
 Amount to be charged _____

MEDIA RELEASE: I understand Rettig's Gymnastics Training Center Inc. reserves the right to use your child's photographs and videos without name for legitimate purposes that include, but are not limited to Rettig's advertising, publicity campaigns, on printed material such as brochures, newsletters, coupons, and affiliated internet sites such as but not limited to Rettig's website, Facebook, YouTube, or Instagram. If you do not wish to have your child's image used by Rettig's Gymnastics, please inform us in writing.

ASSUMPTION OF RISK: Participation in gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk.

WARNING: By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes but is not limited to, minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls to the back, neck or head.

The undersigned parents or guardians of _____, the applicant, for in further consideration of accepting said applicant, hereby agree to save and indemnify and hold harmless the said Rettig's Gymnastics Training Center Inc. and it's employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by this applicant during or as a result of any course of instruction given to this applicant by the Rettig's Gymnastics Training Center Inc.