



250 Sheffield St. • Mountainside, NJ 07092 • Phone (908)514-0449
www.olympikagymnastics.com

ENROLLMENT AGREEMENT

Student's Name: _____ Birth date: _____ Sex: _____
Student's Name: _____ Birth date: _____ Sex: _____
Student's Name: _____ Birth date: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ School: _____
Doctor: _____ Phone: _____
Special Medical Problem(s): _____
Who to contact in case of emergency (other than parent): _____
Relationship: _____ Phone: _____
Medical Insurance: _____ Policy #: _____
Father/Mother: _____

Rules & AGREEMENTS

1. I understand there are NO refunds
2. I understand that this is a contract for the specified number of weeks and if I drop out during the session I still have to pay for the full session
3. I understand that all fees are due regardless of attendance
4. I understand that we have enrolled for the session and will be making installment payments based on my selected installment plan
5. I understand that all installments are due by the 1st of the month
6. I understand that if I choose installments; I must leave my credit card number and authorized Olympika Gymnastics to charge me by the 10th of the month
7. I understand that after the 15th of the month there will be a late fee \$5 week
8. I understand it is my responsibility to keep track of when installment & registration fees are due
9. I will be responsible for all charges if I miss deadlines
10. I agree to pay a \$30 returned check fee if my check should be return for any reason
11. I understand we are allowed 2 make-ups for each session and it can only be made up in the current session
12. I have read the rules and the policies and agree to follow them

Continue ►



250 Sheffield St. • Mountainside, NJ 07092 • Phone (908)514-0449
 www.olympikagymnastics.com

I have selected Installment Plan (check one):

	Plan	Family Discount	Registration Fee
<input type="checkbox"/>	Paid in Full	1 st child- Full price	\$30
<input type="checkbox"/>	Two (2) Payments	2 nd child- 10 % off	Family \$50

All tuition and registration fee are NON-REFUNDABLE. Above registrant has enrolled for a specific time each week. The customer will be responsible for all charges (late fees, court costs, etc.)

*Parental Signature _____ Date _____

I/We the parent(s) of _____ (or legal guardian if under age of eighteen (18) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Olympika Gymnastics, its instructors, employees, officers, directors and agents from any and all claims. Any special medical conditions which might affect our child's participation in gymnastics have been indicated.

MEDICAL RELEASE: I give permission for Olympika Gymnastics staff to give my child first aid or to be transported to a hospital to receive emergency medical treatment.

*AGREED TO BY (parent/guardian) _____ Date _____