



Athletic Edge 10 Nassau Place, S.I.N.Y. 10307

2017-2018 RECREATIONAL REGISTRATION CONTRACT

FOR OFFICE USE ONLY:
 Year & Session # 2017/18 _____
 Office Staff Initial _____
 Roster Book _____
 Computer Roster _____
 Entered in iClass _____
 Revenue Log _____

Please read and complete all sections – Please write clearly

PARENT'S NAME	PHONE #
EMAIL ADDRESS	ALTERNATE #

CHILD'S NAME	DOB	AGE	M/F	SPORT	CLASS	DAY	TIME	INSTRUCTOR

REGISTRATION FEE: All fees are non-refundable. Registration fee is valid from the first class through August 31, 2018. Initial here _____

REFUND POLICY: Students will only receive a refund if we are notified within the first 2 weeks, in writing, and only for classes not yet attended will be refunded. **NO REFUND OR CREDIT** will be issued after the second week. Initial here _____
 Extended injury or illness **MAY be credited ONLY**, depending on the situation. Payment is for a spot in a full session NOT for classes you attend. No refunds will be issued for classes missed. Initial here _____

PAYMENT POLICY: All payments are due on or before the first scheduled class of each session. You will be charged a \$30.00 BANK FEE for returned checks. Initial here _____

MAKE-UPS: Students may make up 3 classes per session for absences due to illness. All classes missed for any reason must be made up in four weeks or within each session (whichever comes first) or you will lose the class. Make-ups will NOT be carried over to future sessions.

I understand that I must register at the front desk in order to participate in the make-up date. A Make-up Request Form must be submitted upon scheduling Make-ups. Our office will contact you to schedule your Make-up with-in 1 week of your request. Make-ups will be scheduled on a first come first serve basis. A 24 hour cancellation notice is required. Failing to do so will result in losing that make-up Initial here _____

I understand that any classes cancelled due to inclement weather, will be re-scheduled as make-ups on a day designated by Athletic Edge Sports Center. All students are entitled to (1) one holiday Make-up Initial here _____

MEDICAL: We suggest that all gymnasts have a medical examination before participating in gymnastics and the sports center should be made aware of any allergies, ailments or handicaps in writing.
WAIVER & RELEASE: I am aware that in addition to the usual dangers and risks inherent in the sport of Gymnastics, Cheerleading, Martial Arts and Trampoline, certain additional dangers and risks are present when using Athletic Edge Sports Center Inc. Facilities, Gymnastic Equipment and Trampoline, including, but not limited to, the danger and risk of falling, landing, performing tricks, and colliding with other students, staff, media personnel and spectators. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and the possibility of personal injury, death, property damage or loss resulting there from. I, hereby certify that my child or children are covered by my own medical insurance, and that I have read and understand this release of liability prior to signing it, and I am aware that by signing the release of liability, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

FOR OFFICE USE ONLY:

CLASS 1 _____	CLASS 5 (30%) _____	AMOUNT PAID \$ _____	
CLASS 1 (10%) _____	CLASS 6 (30%) _____		
CLASS 2 (10%) _____	CLASS 7 (40%) _____		CASH _____ Rcpt #: _____
CLASS 3 (10%) _____	CLASS 8 (40%) _____		CREDIT _____ Rcpt #: _____
CLASS 4 (20%) _____	Prorated Disc. _____		CHECK _____
	# Weeks pd. for _____	TAKEN BY _____	
	SUB-TOTAL _____	DATE PAID _____	
REG FORM _____	NEW STUDENT: YES / NO _____		
	REGISTRATION FEE _____		
TOTAL AMOUNT DUE _____		MGT _____ OWNERS INITIALS _____	