

BK GYMNASTICS CENTER REGISTRATION FORM

25 South Jerome Avenue, West Babylon, N.Y. 11704 (631) 422-0116

www.bkgymnastics.net

PAYMENT POLICY: An annual registration and insurance fee are payable with the first payment of the session. The registration fee will be waived if the tuition is paid in full prior to the start of the session. Several payment plans are available for your convenience. **MASTER, VISA, AND DISCOVER CARDS** are accepted. **A \$20 fee will be charged for all returned checks.** **NO REFUNDS ARE GIVEN FOR EARLY WITHDRAWAL OR ABSENCE.**

MAKE-UP POLICY: Children are expected to attend their weekly classes. In case of **ILLNESS**, children may sign up for a make-up class. Due to the large number of make-ups and the limited availability of space, make-up classes must be assigned. **Pre-school children will be permitted 5 make-up classes for ILLNESS.** **School age children will be permitted 2 make-up classes for ILLNESS.** An additional make-up class will be permitted for those students who are absent from class for the religious observance of Rosh Hashanah and Yom Kippur. **If a make-up class is missed, it is forfeited and cannot be re-scheduled. A make-up class will not be scheduled until tuition is paid in full. MAKE-UPS MUST BE COMPLETED DURING THE SESSION THE CLASS WAS MISSED!**

DRESS: Gymnastics slippers are recommended for all children. We recommend a leotard for girls and shorts and T-shirts for boys. **NO OVERSIZE CLOTHING!** This is for safety reasons! Long hair should be tied away from the face. **ABSOLUTELY NO GUM OR JEWELRY!!**

...BKGC SUPPORTS USA GYMNASTICS AND ITS GOAL "...SAFETY FIRST, SECOND AND ALWAYS..."

BKGC IS ALSO AN ACTIVE SAFE CLUB IN THE USAIGC/ILAIGC PROGRAM

PLEASE PRINT AND RETURN THIS FORM TO THE OFFICE.

Name: _____ Birthdate: _____ Age: _____ Grade: _____

Address: _____ Town: _____ Zip Code: _____

Home Phone #: _____ Emergency phone # & Name: _____

Best contact e-mail: _____

Class Level: _____ Day(s): _____ Time: _____ 2nd Choice: _____

New to BK: _____ Last time attended class: _____

A health statement is required if your child has a physical condition that would limit gymnastics activities. Please list below: _____

I fully understand and acknowledge that there are risks and dangers associated with participation in gymnastics activities and events including, but not limited to bodily injury, partial or total disability. I enroll the above named student at his/her/my own risk and accept and assume such risks and responsibilities for the losses and/or damages. I hereby acknowledge that my child is in good health and may participate in all gymnastics activities. If I cannot be reached in case of emergency, I authorize BKGC, its agents and employees to contact and/or secure medical attention for my child.

I HAVE READ AND WILL COMPLY WITH ALL BKGC RULES AND POLICIES.

Date: _____ Parent/Legal Guardian: _____