



DYNAMO
TRAINING CENTER

LAST NAME _____

DATE _____

E-mail address _____

REQUIREMENTS FOR ENROLLMENT

- 1-Dynamo Gymnastics Training Center registration and waiver forms must be completed and signed.
- 2-Registration fee must be paid when submitting forms. \$60.00 per member. All payments are non-refundable.

1ST FAMILY MEMBER

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS WE SHOULD BE AWARE OF: _____

LIST ALLERGIES (REACTION & TREATMENT): _____

STARTING DATE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ EMERGENCY PHONE () _____

FATHER'S CELL PHONE () _____ MOTHER'S CELL PHONE () _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S SIGNATURE _____ MOTHER'S SIGNATURE _____

FATHER'S BUSINESS PHONE _____ MOTHER'S BUSINESS PHONE _____

FATHER'S EMPLOYER _____ MOTHER'S EMPLOYER _____

FATHER'S POSITION _____ MOTHER'S POSITION _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____

MEDICAL COVERAGE: INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

2ND FAMILY MEMBER

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS WE SHOULD BE AWARE OF: _____

LIST ALLERGIES (REACTION & TREATMENT): _____

STARTING DATE: _____

3RD FAMILY MEMBER

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS WE SHOULD BE AWARE OF: _____

LIST ALLERGIES (REACTION & TREATMENT): _____

STARTING DATE: _____

4TH FAMILY MEMBER

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS WE SHOULD BE AWARE OF: _____

LIST ALLERGIES (REACTION & TREATMENT): _____

STARTING DATE: _____

**Dynamo Gymnastics Training Center
319 E. Jimmie Leeds Road, Bldg 500
Galloway, New Jersey 08205**

Dual Release of Liability Waiver

Name of child participant _____
Name of child participant _____
Name of child participant _____
Name of child participant _____

Name of parent and/or legal guardian _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches, and other members of Dynamo Gymnastics Training Center from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, teams, lessons, or any programs or activities of Dynamo Gymnastics Training Center.

Signature of Parent _____ Date _____

Minor Release (applicable for all child participants named above)

Name of Parent/Guardian _____

I, the minor's parent and/or legal guardian, understand the nature of the activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees, from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of such claim.

Signature of Parent _____ Date _____

Please read and initial

- _____ Please use the utmost safety and care when driving in, out, and throughout the parking lot.
- _____ Parents must escort children in the parking lot.
- _____ All children must be properly supervised by an adult in the multi-purpose area.
- _____ For the health and safety of our members and staff, absolutely NO SMOKING in the building or in front of any doors leading into the building. We would appreciate no smoking in the parking lot.
- _____ Please discard chewing gum or cigarette butts in the outside receptacle before entering the building.
- _____ For the safety of our members and staff in bare feet, absolutely NO GLASS BOTTLES in the building.
- _____ I have read and agree to the gym rules, regulations, and payment policies.

Required Credit/Debit Card Authorization

All Dynamo Gymnastics members are required to have current credit card information on file.

If your child attends any classes in a new session (make-ups only carry over if you are enrolled in the new session), and we have not received payment, you are authorizing us to charge the tuition.

We have a list of current class and team members who are on the automatic credit/debit plan. If you are on the list, class tuition is deducted during Week 7 of the previous session and team tuition is deducted on the 20th each month (regardless of day). You must notify us in writing if your child is withdrawing from the program.

Student Name_____

Payment Method

Credit Card #_____ **Code**_____

Parent Name on Card_____

Address_____ **Zip**_____

Circle: VISA/MasterCard

Exp. Date_____ **Signature**_____