

GYM CITY

2121 Crompond Road • Cortlandt Manor, NY 10567
914-734-1616

GYM CITY - REGISTRATION FORM 2026-2027

Student's Last Name: _____

Address: _____

Town _____ State _____ Zip Code _____

E-Mail Address _____

Child #1 Name: _____ Class Day & Time: _____

Male _____ Female _____ Age _____ Date of Birth _____

Child #2 Name: _____ Class Day & Time: _____

Male _____ Female _____ Age _____ Date of Birth _____

Father's Name: _____ Cell # (____) _____

Mother's Name: _____ Cell # (____) _____

Emergency Name: _____ Cell # (____) _____

❖ List any allergies, medical conditions, injuries, medications, or physical limitations we should know about.

Supervision: Students must be supervised by a parent or guardian before class, during breaks, after class, and anytime they are not under direct instructor supervision.

Makeup Class Policy: Makeup classes are not guaranteed and are subject to availability. No refunds or credit will be given for missed classes.

❖ Office Use only:

T- _____ \$ _____ Reg. \$65.00 Total \$ _____ Amount Paid _____

T- _____ \$ _____ Amount Paid _____ Balance owed _____

Computer _____ Class Sheets _____ Email _____ Reg. Sheets checked _____

Check / Cash # _____



GYM CITY REGISTRATION FORM



MEDICAL AUTHORIZATION

I fully understand that Gym City staff members are not physicians or medical practitioners of any kind. I authorize Gym City staff to provide temporary first aid to my child (ren) in the event of an injury or illness. If deemed necessary, I authorize Gym City staff to seek medical treatment, contact emergency medical services, transport my child to a medical facility or hospital, and/or call an ambulance for my child.

ASSUMPTION OF RISK

I understand that participation in gymnastics, tumbling, recreational activities, camps, clinics, birthday parties, open workouts, fitness activities, competitions, exhibitions, indoor playground activities, special events, and related programs involves risks of injury. I understand these activities may result in injuries that can be minor, serious, or catastrophic cuts, bruises, sprains, fractures, paralysis, permanent disability, or death. I voluntarily assume all risks associated with participation in any Gym City activity or program.

PARENT RESPONSIBILITIES

Parents and guardians are responsible for supervising children in the indoor playground informing their child (ren) about the possible risks, and encouraging them to follow all safety rules. Children using the indoor playground must follow all posted rules and staff instructions at all times. Running, rough play, climbing on exterior surfaces or misuse of equipment is prohibited. Parents / guardians are responsible for supervising children in non instructor led areas, including the indoor playground and lobby areas. I understand that it is the parent or guardian's responsibility to determine whether participation is appropriate for their child. Gym City provides instruction, safety guidelines, and progressions designed to promote a safe training environment. Gym City is not responsible for students outside of scheduled class times.

PHOTO RELEASE

Gym City may use photographs and/or videos of students for promotional purposes, including use on websites, social media pages, advertisements, videos, and marketing materials.

If you do not want your child's image used, written notice must be provided to Gym City.

RELEASE OF LIABILITY

Gym City is not responsible for lost, stolen, or damaged personal belongings, including electronics, jewelry, or valuables. Gym City is not responsible for injuries, damages, losses, or claims sustained while participating in classes, camps, clinics, competitions, birthday parties, indoor playground activities, open workouts, special events, or any Gym City related activity. Parent /Guardian agrees to release, waive, discharge, and hold harmless Gym City, its owners, employees, coaches, volunteers, and staff from any and all liability, claims, demands, causes of action, damages, or injuries arising from participation in Gym City activities, including ordinary negligence.

MEDICAL INSURANCE

I certify that my child is physically able to participate and that I maintain adequate medical, health, and accident insurance coverage for my child. I understand that Gym City does not provide medical insurance coverage for participants.

PAYMENT AND REGISTRATION POLICIES

All tuition, registration fees, and payments made to Gym City are nonrefundable for any reason, including withdrawal, missed classes, illness, injury, vacations, schedule conflicts, weather related closures, or dismissal from the program. Returned checks are subject to a fee. Makeup classes are not guaranteed and are subject to availability. No refunds or credits will be issued for missed classes. Policies, schedules, tuition, and fees are subject to change at any time. Gym City reserves the right to remove or suspend any participant for unsafe, disruptive, aggressive, or inappropriate behavior without refund

AGREEMENT

I have carefully read and have had the opportunity to ask questions regarding agreement and fully understand all registration policies, payment policies, medical authorization, photo release, waiver and release terms, and all conditions stated on both the front and back of this form. By signing below, I voluntarily agree to all terms and conditions of participation at Gym City.

➤ **Parent / Guardian Signature:** _____ **Date:** _____