

**Dutchess County Gymnastics Center, Inc**  
Enrollment Application

<b>Parent/Guardian</b> (Primary contact):		Home:
Email:		Cell:
Street Address:		Mobile Carrier: (For text message updates)
City:	State:	Zip:

<b>Parent/Guardian</b> (Secondary contact):		Home:
Email:		Cell:
Street Address:		Mobile Carrier: (For text message updates)
City:	State:	Zip:

<b>Student Name:</b>		<b>Date of Birth:</b>
Male / Female	Experience in sport: YES / NO	How much?
Emergency Contact: (Other than Parent)	Phone:	Relationship:
Insurance Carrier:	Policy #:	
Physician:	Phone:	
Medical Conditions:		

**Dutchess County Gymnastics Center Policies**

**IMPORTANT NOTICE FOR HEALTH CLUB MEMBERS**

New York State law requires certain health clubs to have a bond or other form of financial security to protect members in the event the club closes.

This club has posted the financial security required by law.

YOU MAY ASK A REPRESENTATIVE OF THE CLUB FOR PROOF OF THE CLUB'S COMPLIANCE WITH THIS LAW. YOU MAY ALSO OBTAIN THIS INFORMATION FROM THE NEW YORK STATE DEPARTMENT OF STATE, DIVISION OF LICENSING SERVICES, A.E. SMITH STATE OFFICE BUILDING, 80 SOUTH SWAN STREET, P.O. BOX 22001, ALBANY, NY 12231

**REGISTRATION FEE**

All families will be charged a registration fee when enrolling in a program at Dutchess County Gymnastics Center, Inc.

**WHAT TO WEAR**

Boys or Girls may wear tucked in T-shirts, shorts, leggings, sweatpants OR a leotard for girls. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. Children should not wear bows or other large hair ornaments that may cause discomfort during activity. All students should have activity-appropriate footwear during class. Most classes will be barefoot as shoes cause damage to equipment and socks will slip on the equipment.

**WHAT NOT TO WEAR**

For the safety of our students, staff and to prevent damage to the equipment, we do not permit jeans, stockings, dresses, skirts or tutus to be worn during class. We do not permit any clothing with zippers, snaps, buttons or buckles on the equipment. Small post earrings are acceptable, however, dangling earrings, necklaces, bracelets, anklets or watches are not permitted. Jewelry should not be worn during classes. **PLEASE LEAVE JEWELRY ARTICLES AT HOME.** This facility and staff will not be responsible for ANY items that may be lost or stolen. Be sure your child's personal items are marked with their name.

**Dutchess County Gymnastics Center Policies continued on page 2...**

**Dutchess County Gymnastics Center Policies continued...**

**DROP PROCEDURE**

PARENTS MUST NOTIFY THE OFFICE TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable.

Please note: You are responsible for payment for your child's classes **WHETHER OR NOT YOUR CHILD ATTENDS CLASS** until the time you notify the staff **VIA WRITTEN NOTICE**. Please do not rely on your child to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to a possible student on a waiting list.

**ARRIVAL AND PICKUP**

Be sure your child arrives 5 minutes (no earlier please) before his/her scheduled class time. Please pick up your child on time. Please inform the office if you know you will be late picking up your child. Instruct your child to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your child running to and from your car.

**Cancellation Policy**

A full refund minus the prorated amount of classes taken will be given until the third week of class. After that point, a written notice to cancel will release any obligation for future classes.

**CONSUMERS RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THE DATE SIGNED BELOW.**

**Notice of cancellation shall be in writing subscribed by the buyer and mailed by registered or certified United States mail to the seller at the address specified in such form. Such notice shall be accompanied by the contract forms, membership cards, and any other documents or evidence of membership previously delivered to the buyer. All monies paid pursuant to such contract shall be refunded within 15 business days of receipt of such notice of cancellation. If the buyer has executed any credit or loan agreement to pay for all or part of health club services, any such negotiable instrument executed by the buyer shall also be returned within 15 days.**

**ADDITIONAL RIGHTS TO CANCELLATION: You may also cancel this contract for any of the following reasons: 1) If upon doctor's order, you cannot physically receive the services because of significant physical disability for a period in excess of six months. 2) If you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing. 3) If you move your residence more than 25 miles from any health club operated by seller. 4) If the services cease to be offered as stated in the contract. 5) All money paid pursuant to such contract cancelled for the reasons contained in this subdivision shall be refunded within 15 days of receipt of such notice of cancellation; provided however that the seller may retain the expenses incurred and the portion of the total price representing the services used or completed, and further provided that the seller may demand the reasonable cost of goods and services which the buyer has consumed or wishes to retain after cancellation of the contract. In no instance shall the seller demand more than the full contract price from the buyer. If the buyer has executed any credit or loan agreement to pay for all or part of health club services, any such negotiable instrument executed by the buyer shall also be returned within 15 days.**

**Make-Up Class Policy**

Make-up classes are provided to our students under the following conditions: 1) Availability in appropriate class for make-up, 2) The office is notified in ADVANCE of the absence, 3) A maximum of ONE (1) make-up is allowed every TWO (2) months per class per session, 4) Make-ups cannot be carried over to a new session, and 5) No make-ups will be scheduled on the first or last week of classes. **Failure to attend scheduled make-up class will result in forfeiture of the make-up.** We appreciate your cooperation.

I am enrolling my child named above in a class or program at Dutchess County Gymnastics Center, Inc. and I have read and understand the terms on the front and back of this document. I understand that I will receive a copy of these policies for my reference.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dutchess County Gymnastics Center  
Assumption of Risk, Waiver of Liability, Medical Authorization

In consideration for my participation in classes, training, events and activities at Dutchess County Gymnastics Center, Inc. (known hereon as "DCGC"), I agree to be bound by the following conditions:

**Eligibility:** I agree to comply with all the rules and regulations of DCGC which have been provided and reviewed by me. I understand that activities may be photographed by DCGC employees and used for the purposes of marketing or promotion for DCGC. Names will not be used without written permission from parents or legal guardians.

**Readiness to Participate:** I/my child will only participate in those classes, events, competitions and activities for which I believe I/he/she is physically and psychologically prepared. Prior to participation, I/he/she will have practiced my/his/her exercises and will perform only those exercises that I/he/she have accomplished to a degree of confidence necessary to assure that I/he/she can perform them myself/himself/herself, and without injury.

I understand that it is my responsibility to be aware and make my child aware of the possibility of injury and encourage my child to follow all the safety rules and the coaches' instructions.

**Waiver and Release:** I understand that participation in gymnastics and cheerleading activities, including tumbling, stunting, use of any equipment and/or apparatus carries an inherent risk of physical injury. I also understand that the risk cannot be eliminated even when the student and instructor are careful, no matter how many spotters are used and no matter what height is used or what landing surface exists. The risk of injury includes minor injuries such as bruises, cuts and scrapes and more serious injuries such as broken bones, dislocation of joints, muscle pulls and ligament/tendon damage. The risk also includes catastrophic injuries such as temporary or permanent paralysis or even death from landings or falls on back, neck or head.

**In exchange for my/my child's participation in classes, training, events and activities, I release, discharge and agree to indemnify and hold harmless Dutchess County Gymnastics Center, Inc., its employees, officers or agents (the Released Parties) from any liability, loss or damage, including but not limited to that arising from negligence of any of the Released Parties, which may result to me or any minor child of mine, except where such loss or damage is the result of intentional or reckless conduct of one of the Released Parties identified above.**

**Medical Attention:** I fully understand that DCGC staff members are not physicians or medical practitioners of any kind. I hereby authorize DCGC staff to render temporary first aid to myself or my child in the event of an injury or illness.

I hereby give my consent to DCGC and/or the host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services at my expense or insurance coverage only as warranted in the course of my/my child's participation.

I also affirm that I am required to have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I understand that the costs of all medical attention are my responsibility and not that of DCGC.

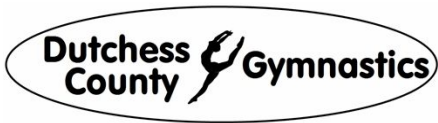
I hereby attest that I am the legal parent or guardian of this child, and I verify by my signature below that I fully understand and accept each of the above conditions for permitting me and/or my child to participate in classes, training, events, camps, competitions and activities conducted by Dutchess County Gymnastics Center, Inc. I further acknowledge receipt of all rules and regulations of DCGC. My participation and/or my child's participation in this activity is purely voluntary and I elect to participate knowing the risks.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** (Please Print) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_



986 Main Street, Suite 9  
 Fishkill, NY 12524  
 (845) 896-5270  
 dutchessgymnastics.com

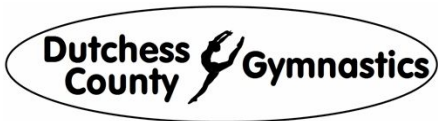
**Parent/Guardian Acknowledgment**

I acknowledge that I have received a copy of “**Rules and Policies**” and “**Important Notice for Health Club Members**” and “**Safe Sport Policies**” from Dutchess County Gymnastics Center and understand the policies that have been set forth to keep the activities in the facility and in the sport in the best interests of all involved.

I understand that these policies are important to Dutchess County Gymnastics Center and will do my part in explaining the importance of these policies to any minor child that I have enrolled in the program.

I also understand that these policies are always available at the reception desk, are posted in the facility in various locations and are published on Dutchess County Gymnastics Center’s website and social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Auto-Pay Information**

<b>Credit Card Number:</b>		<b>Exp. Date:</b>	
<b>Credit Card Type:</b>	<b>VISA - MASTERCARD - DISCOVER</b>	<b>CVC:</b>	
<b>Name on Card:</b>			
<b>Billing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

The undersigned hereby agrees that all information is complete and accurate. The undersigned further acknowledges that they are fully authorized to execute transactions with respect to the information provided. The undersigned agrees and understands that this agreement may be terminated at any time and without notice at the sole discretion of Dutchess County Gymnastics Center, Inc.

The undersigned acknowledges that any additional charges incurred as the result of the issuing bank declining a transaction, issuing a chargeback, or similar interruption of credit services, including late fees applied by Dutchess County Gymnastics Center, Inc. after the 10th of each month, is the sole responsibility of the authorized undersigned individual.

The undersigned may terminate this agreement at any time by providing written notice to Dutchess County Gymnastics Center, Inc. at least two weeks prior to the first of the month. Disputes to amounts invoiced should be immediately reported to [info@dutchessgymnastics.com](mailto:info@dutchessgymnastics.com).

The undersigned is duly authorized to execute a credit transaction as defined above, and further authorizes Dutchess County Gymnastics Center, Inc. to charge the above recorded credit card for the amount of monthly tuition on or about the tenth of each month.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_