



Athletic Edge Sports Center  
 10 Nassau Place  
 Staten Island, New York 10307  
 Phone (718) 608-0100  
 Fax (718) 608-0109  
 Web Address:  
 Athleticedgesportscenter.com

**OFFICE USE ONLY**  
 Session # & Year \_\_\_\_\_  
 New Student: yes / no  
 Updated in iClass: \_\_\_\_\_  
 Payment Method \_\_\_\_\_  
 Amount paid \_\_\_\_\_  
 Date paid \_\_\_\_\_  
 Taken by: \_\_\_\_\_  
**PVT / BBS / OT / REC / WC**

# 2011/2012 REGISTRATION CONTRACT

Please read & fill out all sections completely. Please write clearly.

MOTHERS NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 FATHERS NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_ MEDICAL INSURANCE POLICY \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT ATHLETIC EDGE SPORTS CENTER? S.I. Parent Magazine / S.I. Advance / Friend / Other (please list) \_\_\_\_\_

STUDENT NAME (S)	AGE	DATE OF BIRTH	M/F	NAME OF CLASS	DAY (Please do not abbreviate)	TIME

**REGISTRATION FEE:** Fee is \$35 for the 1<sup>st</sup> student, \$30 for the 2<sup>nd</sup> student, \$80 for 3 or more family members. All fees are non-refundable & non-transferable. Registration fee is valid from the first class through August 31<sup>st</sup>, 2012. **Initial here**

**REFUNDS/PAYMENT 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. Extended injury or illness MAY be credited, depending on the situation. You are paying for a spot in each 20 week session NOT for classes you attend. No refunds will be issued for classes missed. All payments are due on or before the first scheduled class of each session. A \$20.00 LATE FEE will be charged for all late payments. 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. I understand that I must register at the front desk in order to participate in the make-up date. Make-ups will be scheduled on a first come first serve basis. 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. There will be no re-scheduling if your child does not show up for their scheduled make-up class. **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. Athletic Edge is not responsible for lost, damaged or stolen items. **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** \_\_\_\_\_

