



REGISTRATION FORM

Child's Name _____ Date of Birth _____ M F

Home Address _____ City _____ State _____ Zip _____

Parent _____ Home # _____ Cell# _____

Email _____ Work # _____

Parent _____ Home # _____ Cell# _____

Email _____ Work # _____

Emergency Contact _____ Relation _____ Phone # _____

Adult(s) authorized to pick up child (other than parents): _____

How did you hear about Columbus Gym? _____

Class Age Group/Day/Time

Fee

_____ \$ _____

_____ \$ _____

_____ \$ _____

PAYMENT METHOD MasterCard Visa Check

Credit Card Number _____ Expiration Date _____ CVV _____

Name (as it appears on card):

Print _____ Signature _____ Date _____

Billing address (if different from above):

Address (Street, Apt #, City, State, ZIP) _____

*Please make checks payable to: Columbus Townhouse Nursery, Inc. and mail to: Columbus Gym, 606 Columbus Ave, NY, NY 10024



TERMS AND POLICIES

Child's Name _____ Date of birth _____

Parent's Name _____

MAKE-UP POLICY:

Students are entitled to two make-up classes per session. Make-ups must be scheduled in advance and used during the current session. Make-ups can be cancelled until 9am the day of the scheduled make-up. Should you choose not to attend or do not cancel by the proper time, you will forfeit that make-up class. Make-ups cannot be scheduled during the medal/certificate week for all classes. You will not be reimbursed for missed classes.

CANCELLATION POLICY:

Students will be refunded the full amount of classes less a \$60 cancellation fee and the cost of classes that have already taken place if the student withdraws within the first two weeks of the session. After two weeks, no refunds will be granted. Columbus Gym will hold a non-transferable credit in the amount of the pro-rated classes remaining for use during the next session if you withdraw after two weeks.

PHOTO RELEASE:

I authorize that Columbus Pre School and Gym has the right to use photographs or videos taken of my child or me during camp/leagues/classes, etc. for advertising or promotional material. Columbus Gym will not use your child's name in any material produced.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

I certify that this enrollee has no condition that prohibits full participation in activities at Columbus Gym. I assume all ordinary risks when using the facilities and hereby release Columbus Gym, or any of its instructors, employees for any injury or damage suffered in connection with said use of the aforementioned equipment, instructors and facilities. In case of emergency and I (the above-signed) cannot be reached, I authorize Columbus Gym, its agents and employees to contact and secure if necessary medical attention for my child.

I understand and comply with the rules and regulations described on this page.

Signature _____ Date _____