SCHOOL YEAR TUMBLING CLINICS REGISTRATION FORM

MORNING SESSION = AM 8:30am – 12:00pm

SCHOOL YEAR TUMBLING CAMPS ● Ages 5 - 18 years old ● WESTFIELD LOCATION MAIN ● GYM A ● ROOM 3

Programs	Day	Dates	AM Morning	TOTAL
	Mon	9/21/26	☐ $80	$
	Mon	10/12/26	☐ $80	$
	Fri	11/6/26	☐ $80	$
	Fri	11/27/26	☐ $80	$
	Mon	1/18/27	☐ $80	$
	Fri	2/19/27	☐ $80	$
	Fri	3/12/27	☐ $80	$
	Fri	3/26/27	☐ $80	$
	Fri	4/2/27	☐ $80	$
	Fri	4/23/27	☐ $80	$
	BALANCE DUE	$		

SCHOOL YEAR TUMBLING CLINICS REGISTRATION FORM

401 South Avenue East • Westfield, NJ 07090

Phone: 908-317-0523 • Fax: 908-928-0339

westfield@surgentselitegym.com

369 South Avenue East • Westfield, NJ 07090

Phone: 908-317-0523 • Fax: 908-928-0339

westfield@surgentselitegym.com

501 South Avenue • Garwood, NJ 07027

Phone: 908-789-3392 • Fax: 908-789-1583

garwood@surgentselitegym.com

256 West Westfield Avenue • Roselle Park, NJ 07204

Phone: 908-241-1474 • Fax: 908-241-0005

rosellepark@surgentselitegym.com

CONTACT INFORMATION

Child's Name (Last, First):		Birth Date:
Street Address:		Registration Date:
Town, State & Zip Code:		Age:
Guardian No.1:	Guardian No. 2:	Emergency Contact:
Cell Phone:	Cell Phone:	Phone:
Home Phone:	Home Phone:	Relation:
Email:	Email:	

POLICIES

Enrollment Terms: Camp enrollment is available for booking by the day.
Fees & Payments Policy: Full payment due at enrollment.
Cancellation, Credit & Refunds: To cancel the office must be given 24-hour written notice. Your payment may be applied to a future clinic or camp. If you do not wish to reschedule, right to credit is forfeited. No refunds for cancellation.

Billing Authorization: I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize this Surgent's Elite School of Gymnastics to charge my ACH draft, or credit card account. Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

✗ **Date:** **Guardian Signature:** **Print Name:**

MEDICAL RELEASE FORM

To better assist your child in times of need, please take the time to fill out this form accurately. Please indicate below if you child has a history of:

❑ Asthma	❑ Fainting	❑ Seizures	❑ Broken Bones	❑ Learning Disability	❑ Loose Joints
❑ Diabetic	❑ Dizziness	❑ Epilepsy	❑ PHP	❑ Low Muscle Tone	❑ Other

If any of the above is indicated or there is any additional medical history please explain:

Surgent's Elite strives to provide an accessible environment for all persons. If you or your child requires any special accommodation due to a medical situation or any mental or physical disability or condition, please inform a member of our staff and we will do our best to accommodate your child provided such accommodation would not compromise the safety of your child or increase the risk of injury to your child.

Medical Release: Surgent's Elite reserves the right to require medical clearance for any child prior to that child being allowed to participate (or resume participation following an injury) in activities at any of our facilities. This can include, but may not be limited to, requiring a letter from a doctor confirming the child may safely participate in or resume activities and is not at risk of increased injury. I understand that it is my responsibility to keep this information up to date.

✗ **Date:** **Guardian Signature:** **Print Name:**

Next Page

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CREDIT CARD INFORMATION

PAYMENT TYPE: ❑ VISA ❑ MASTERCARD ❑ DISCOVER [NO AMERICAN EXPRESS]

Cardholder Name: Student Name:

Credit Card Number: Expiration Date: Security Code:

Card Billing Address: (If different than contact info on page one):

City: State: Zip:

I hereby authorize Surgent's Elite School of Gymnastics to automatically charge my credit card. I understand that it is my responsibility to notify the office if I withdraw my child from the program, or withdraw from the automatic credit card billing system.

BILLING AUTHORIZATION POLICY

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize this facility to charge my ACH draft, or credit card account. I understand that a 14-day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to cancel.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services. (This Policy Subject To Change Without Notice)

✗ **Date:** **Guardian Signature:** **Print Name:**

RELEASE/WAIVER FOR MINOR CHILDREN (All participants 18 & under)

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SURGENTS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SURGENTS IN A LAWSUIT FOR ANY DAMAGES, INCLUDING PERSONAL INJURY, OR DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SURGENTS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of the below printed minor child being permitted to participate in its activities and to use Surgent's equipment and facilities, I hereby agree to release, indemnify, and hold harmless Surgent's and its agents and employees from any and all claims which are brought by, or on behalf of Minor, and are in any way connected to the minor's use of Surgent's premises, or participation in Surgent's activities, **including any claims caused, or alleged to be caused by negligent acts or omissions of Surgent's or its Employees or agents.**

By signing this document, I acknowledge that if my child is injured during participation in activities at Surgents gymnasiums, I may be found by a court of law to have waived my or my child's right to maintain a lawsuit against Surgents. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. BY SIGNING BELOW I AM WAIVING MY RIGHT TO SUE IN THE EVENT OF INJURY TO MY BELOW LISTED CHILD:

Please complete a separate form for each child. Only a child's parent or legal guardian may sign this form. It CANNOT be signed by any other person.

✗ **Date:** **Guardian Signature:** **Print Name:**

Child's Name: Date of Birth: Age:

Address:

Cell Phone: Email:

CONTAGION ASSUMPTION OF RISK AND LIABILITY WAIVER

In consideration of the services of Surgent's Elite, Inc., its owners, agents, officers, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Surgent's Elite), I hereby agree to release, discharge and hold harmless Surgent's Elite on behalf of myself, my child(ren), my parents, my heirs, assigns, personal representative and estates as follows:

I hereby acknowledge that a risk of training with Surgent's Elite, while Surgent's Elite will take all reasonable steps to maintain cleanliness and to provide as germ-free of an environment as possible, I or my child(ren) may be exposed to Covid – 19 or some other contagion carried by another athlete, family members or staff member, I am knowingly and voluntarily assuming that risk, including the risk of contracting said virus, becoming ill from it, or even dying from it. I hereby waive and release any or all claims against any Surgent's Elite, or anyone associated or affiliated with Surgent's elite as well as any of its owners, directors, managers, employees, contractors, and/or agents from any and all claims of liability arising from or out of any exposure to COVID – 19 or any other contagion or disease while at the premises of Surgent's Elite, while using any of the equipment owned by Surgent's Elite, or from any interactions with any person at or associated with Surgent's Elite.

Child's Name: Date of Birth: Age:

✗ **Date:** **Guardian Signature:** **Print Name:**