



# GARDEN STATE TRAMPOLINE ACADEMY

info@gardenstatetrampolineacademy.com

## STUDENT INFORMATION

1. NAME \_\_\_\_\_ FEMALE\_\_\_ MALE\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_  
2. NAME \_\_\_\_\_ FEMALE\_\_\_ MALE\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_  
3. NAME \_\_\_\_\_ FEMALE\_\_\_ MALE\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

PHOTOS MAY OCCASIONALLY BE TAKEN OF CLASS PARTICIPANTS. IS GSTA FREE TO USE THESE IN MARKETING PUBLICATIONS WITHOUT NOTIFYING YOU OR COMPENSATING YOU? \_\_\_YES \_\_\_NO

## PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_  
EMAIL \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EMERGENCY ONLY CONTACT \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

### READ BEFORE SIGNING

In consideration of my minor child ("the Minor") being allowed to participate in any way in the Black Bear Lake Land Co., LLC Trampoline program, related events and activities, the undersigned acknowledges and agrees that:

The risk of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I consent to the Minor's participation in the Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and

If I observe any unusual hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself, the Minor and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Black Bear Lake Land Co. LLC, their officers, officials, agents, employees, other participants, sponsoring agencies owners and lessors of the premises

("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

By signing below, the Parent represents and confirms that Participant is in good general health and proper physical condition to participate in the Trampoline Program and related activities.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I and the Minor have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

MINOR/PARTICIPANT SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PRINTED NAME OF MINOR/PARTICIPANT \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

## CLASS INFORMATION

FIRST CHILD NAME \_\_\_\_\_

CLASS PROGRAM **55 MINUTES**    **85 MINUTES**    **OTHER**    AGE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_  
(CIRCLE ONE)

SECOND CHILD NAME \_\_\_\_\_

CLASS PROGRAM **55 MINUTES**    **85 MINUTES**    **OTHER**    AGE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_  
(CIRCLE ONE)

THIRD CHILD NAME \_\_\_\_\_

CLASS PROGRAM **55 MINUTES**    **85 MINUTES**    **OTHER**    AGE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_  
(CIRCLE ONE)

## PAYMENT OPTIONS & INFORMATION

### OPTION 1: PAY IN FULL FOR THE ENTIRE YEAR SEPT - JUNE SAVE 5%

I UNDERSTAND THAT THIS PAYMENT OPTION LOCKS REGISTRATION FOR THE ENTIRE SEASON. SCHEDULE CHANGES CAN BE MADE AND FEE ADJUSTMENTS WILL BE MADE TO REFLECT THESE, BUT PAYMENT IS NON-REFUNDABLE. HOWEVER, **CREDITS ONLY** WILL BE APPLIED TO YOUR GYMNASTICS ACCOUNT FOR DROPS DUE TO MEDICAL REASONS WITH VALID DOCTOR'S NOTE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### OPTION 2: MONTH TO MONTH (AUTO PAY ONLY)

I UNDERSTAND THAT THE REGISTRATION FEE AND FIRST MONTH IS DUE UP FRONT. ALL TUITION IS CHARGED TO THE CREDIT CARD WE HAVE ON FILE ON THE 8th DAY OF EACH MONTH, UNLESS YOU PAY BEFORE THE 8th OF EACH MONTH OR STOP THE PAYMENT VIA EMAIL. IF TUITION IS NOT RECEIVED PRIOR TO THE 8th OF THE MONTH, YOUR CREDIT CARD WILL BE CHARGED. REGISTRATION IS CONTINUOUS, SO IF YOU WISH TO DROP A CLASS, YOU MUST EMAIL US PRIOR TO THE FIRST OF THE MONTH OR TUITION WILL BE CHARGED. LAST MONTH'S (JUNE TUITION) IS NON-REFUNDABLE, HOWEVER, IT MAY BE USED FOR YOUR FINAL MONTH OF GYMNASTIC CLASSES IN THE CURRENT SESSION.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

REGISTRATION \_\_\_\_\_

MONTHLY TUITION \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

MONTHLY TUITION TOTAL \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ NAME ON CREDIT CARD \_\_\_\_\_

CVV # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CARDHOLDER'S SIGNATURE \_\_\_\_\_

## MAKE UPS & ABSENCES

YOUR TUITION PAYS FOR A CLASS SPOT, **REGARDLESS OF ATTENDANCE**. AS A COURTESY, GARDEN STATE TRAMPOLINE ACADEMY WILL OFFER A MAKE UP AS LONG AS THE SAFETY AND INTEGRITY OF THE PROGRAM IS NOT JEOPARDIZED.

\*MAKE-UPS CAN ONLY BE DONE IN A CLASS OR MAKE-UP SPOT THAT HAS AN OPENING AND IS OF EQUAL AGE AND/OR SKILL LEVEL.

\*MAKE-UPS MUST BE SCHEDULED IN ADVANCE. YOU MAY CALL, EMAIL, OR STOP BY OUR OFFICE TO SCHEDULE A MAKE-UP CLASS.

WE PREFER YOU EMAIL US AT [info@gardenstatetrampolineacademy.com](mailto:info@gardenstatetrampolineacademy.com).

## SNOW & INCLEMENT WEATHER

BECAUSE WE SERVE MANY DIFFERENT SCHOOL DISTRICTS, WE DO NOT FOLLOW THE CLOSING DECISIONS OF ANY PARTICULAR SCHOOL DISTRICT. CHECK OUR FACEBOOK AND WEBSITE FOR OUR CALENDAR AND UPDATES.

## EMAIL NOTIFICATIONS, QUESTIONS, SUGGESTIONS OR CONCERNS

OUR OFFICE CONDUCTS MOST OF OUR COMMUNICATION VIA EMAIL. PLEASE BE SURE WE HAVE A **VALID EMAIL ADDRESS** ON FILE FOR YOUR CHILD THEREFORE, WE MAY EFFECTIVELY COMMUNICATE HOLIDAY AND SNOW CLOSINGS, SPECIAL PROMOTIONS, DISCOUNTS, AND EVENTS.

WE STRIVE FOR 100% CUSTOMER SATISFACTION. SHOULD YOU EVER HAVE A QUESTION, SUGGESTION OR CONCERN DO NOT HESITATE TO SPEAK TO US! KINDLY VISIT OUR OFFICE OR CALL THE NUMBER BELOW ANYTIME. WE ARE HAPPY TO ASSIST YOU!



**GARDEN STATE TRAMPOLINE ACADEMY**  
**609-223-2366**    [www.gardenstateacademy.com](http://www.gardenstateacademy.com)