

Stardust Gym Class Registration Form

612 Plymouth St, East Bridgewater, MA 02333 508/378-2223

CHILD'S NAME (FIRST) _____ (LAST) _____

BIRTHDATE _____ AGE _____ SEX: M F

PARENT/GUARDIAN'S NAME(S) _____

ADDRESS _____ TOWN _____ ZIP _____

TELEPHONE HOME # _____ WORK # _____

CELL # _____ EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE _____

Class Choices

Program: _____ 1st Choice* Day: _____ Time: _____

2nd Choice Day: _____ Time: _____

*We will call you *only* if your first class choice is not available.

Medications, Allergies and/or Conditions: _____

- Stardust Gym reserves the right to cancel any class where enrollment is less than six children.
- 15% discounts are offered to siblings in the same program
- 10% discounts are offered for same child taking additional classes in the same program.
- Refunds of tuition will be granted within the first two (2) weeks of a session *only*.
- Make-up classes must be made before the end of a given session and scheduled with the office for space availability.
- Stardust Gym reserves the right to changes it's policies, forms and/or schedules at any time.

Acknowledgement of Insurance, Liability Waiver and Permission to Treat

I hereby give permission for my child/children to participate in classes/events conducted at Stardust Gym and understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment, as well as transportation and emergency medical services, if warranted at the expense of myself or my health insurance. The enrolled child/children is/are capable of participating in the activities and have had a physical within the last twelve (12) months. I acknowledge that the activities my child/children will be participating in at Stardust Gym may be dangerous and involve many risks of injury such as, but not limited, to death, neck or spine injury, brain damage and injury to bones, muscles and other aspects of the body. The intent of Stardust Gym is to provide for the safety and protection of the children and I, the undersigned, assume all the risks associated with the activities and agree to hold Stardust Gym, it's officers and employees harmless from any and all liability, causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with my child's participation. The terms hereof serve as a release.
Children and parents are not allowed in the gym without a Stardust gym instructor. **Toddler Programs:** I agree to supervise my child/children at all times while on the premises of Stardust Gym.

I, the parent or legal guardian, have read the above warnings and release and understand it's terms.

Consent to Photograph

I hereby authorize Stardust Gym to use pictures taken of my child(children) for the Stardust Gym website and promotional purposes including, but not limited to, public newspapers and brochures.

Parent/Guardian

Date