**CATS GYMNASTICS**

**catsgym1@gmail.com catsgymnastics.weebly.com**

**SUMMER 2017 SESSION**

**6 week session, July - August**

**Registration**: Thursday, June 29 (6:00-7:30 PM)

 **Start**: July 10-11 **End**: Aug. 28-29

**CLOSED**: July 31-Aug. 1 and Aug. 7-8

**CLASS SCHEDULE**

Please read over the schedule carefully as some classes have changed.

|  |  |  |
| --- | --- | --- |
|  | **Monday** | **Tuesday** |
| **4:00-5:00** | Beginner Tumbling | BeginnerGymnastics |
| **5:00-6:00** | Intermediate Gymnastics \* | Intermediate Tumbling Level 1 \* |
| **6:00-7:00** | Intermediate Tumbling Level 1 \* | Intermediate Gymnastics \* |
| **7:00-8:00** | Intermediate Level 2/ Advanced Tumbling \* | OpenGym($11 per Open Gym session,pay per day) |

**PRICES**

**Both** fees must be paid this session.

|  |  |
| --- | --- |
| **CLASS FEE**Covers the entire 6-week session | **REGISTRATION FEE****NEW POLICY:** Registration Fee is now paid per session. |
|  **All 1-hour classes**: $66\* 20% discount applied to class fee of second child or second class* **$53** for 1-hour class
 | **1 child**: $20**2nd child**: $10**1 parent & 1 child**\*: $25**1 parent & 2 children**\*: $30 (best deal for 2 children)\*Adult membership provides access to events at the Carlstadt Turn Hall |

**Open Gym sessions are paid per day and must be paid in EXACT cash ($11) or by check (made out to “Active Turners”). Thank you for your cooperation!**

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Thank you for registering for our Summer Session! We are looking forward to a fantastic 6-week session. Below, you will find important information regarding this session, as well as a review of our policies. Please read over our policies with your children before attending the first class and sign and return the bottom of the sheet. If you have any questions or concerns, please email us at catsgym1@gmail.com.

**Important Dates:**

* July 10-11: *FIRST WEEK OF CLASSES*
* July 31-Aug. 1 and Aug. 7-8:**CLOSED- NO CLASSES**
* Aug. 28-29: *FINAL WEEK OF CLASSES*

**Thank you!**

**CATS Coaches Michelle, Jason, Bella, and Ashli**

**Review of Policies**

Safety is our #1 priority. Please take a moment to review our policies with your children.

**Please sign and return the bottom of this paper to acknowledge that you have reviewed our policies with your children.**

**Acknowledgment of Policies**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**

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**CATS POLICIES**

Please review our policies with your children before attending class.

These policies are essential to ensure the safety of all.

1. **GYMNASTICS AREA**:

* ONLY coaches and gymnasts are permitted in the gym area.
* Parents and siblings must stay in the designated waiting area.
* **Children who are not registered are not permitted on ANY gymnastics equipment** (mats, bars, beam, floor, etc).

2. **BEFORE AND AFTER CLASS:**

* If you arrive early, please make sure your gymnast stays in the waiting area. Gymnasts are not permitted on any equipment without a coach.
* When class is over, please leave promptly to make room for the next class. **Gymnasts are not permitted to play around on the equipment after class.**

3. **DURING CLASS**:

* Hair must be in a **secure ponytail** at all times. Students will not be allowed to participate without their hair in a ponytail.

4. **MAKE UP POLICY**: Students are encouraged to attend class regularly. *Missed classes will not result in prorated tuition or refunds.*

* We offer **1 make-up class per session**, depending on the availability of other classes. **Please contact us to schedule a make-up before coming to a make-up class.**
* Pro-rated tuition is only available if the student has joined after the session has started.

5. **CLOSINGS**: In the case of extreme weather, please check your email and/or our website **before coming to class**!

6. **PAYMENT**: We accept cash and checks. Checks should be made out to **“Active Turners.”**

C.A.T.S REGISTRATION FORM

**Summer 2017**

## Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Child’s Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class day/time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**


# Emergency Contact Information

## Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*FOR OFFICE USE ONLY: Ck #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

C.A.T.S GYMNASTICS

**Medical Treatment Release Form**

Every year each child member must have an undated “Medical Treatment Release Form” filled out and notarized. These forms allow coaches, instructors, and staff members to authorize ANY medical emergency treatment. Please return your form on the first day of class.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DO HEREBY GRANT PERMISSION FOR MY CHILD, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TO TRAVEL AND PARTICIPATE IN COMPETITIONS, EXHIBITIONS, PRACTICES, TOURS, PARADES AND OR AC TIVITIES WITH THE CARLSTADT ACTIVE TURNERS, COACHING STAFF AND PARENT CHAPERONES. I ALSO GRANT PERMISSION AND ENCOURAGE ANY NECESSARY EMERGENCY MEDICAL TREATMENT THAT MAY BE REQUIRED DUE TO INJURY DURING THESE ACTIVITIES

­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number

­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work or Cell Telephone Number

(Mother or Father)

**NOTARY**

EXPIRATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who to contact if unable to reach parent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

**MUST BE NOTARIZED**

CARLSTADT ACTIVE TURNERS GYMNASTICS

Active Turners – Carlstadt Turnverein, Inc.

500 Broad Street, Carlstadt, NJ 07072

 I understand that the Carlstadt Turnverein is a social organization incorporated under the laws of the State of New Jersey, that enrolling my child in Physical Education class, he or she becomes a junior member of the Carlstadt Active Turners, eligible for full membership when he or she is eighteen years of age under the present bylaws of the organization.

 I understand that any contribution I make during the course of my child’s activity in the class is not a fee “for services rendered” but rather a voluntary contribution towards the upkeep and maintenance of equipment and the operating expenses of the organization.

 I do hereby grant permission to have my son/daughter, whose names appear below, participate in the activities of the Physical Education class. I recognize that any activity involving height or motion can create the possibility of serious, catastrophic injury or even death.

 I hereby, for myself, my children (adopted or otherwise), my heirs and executors, waive and release all rights and/or claims against the Carlstadt Active Turners- Carlstadt Turnverein, Inc., and their agents or representatives for any injury or damages that may be suffered by me, my child (adopted or otherwise) in connection with my association or entry in gymnastics or other activities sponsored by the Carlstadt Active Turners – Carlstadt Turnverein, Inc.

 I have read and understand all the rules and policies of the Carlstadt Turn Hall and observed school openings and closings.

**Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Physical:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies, Ailments or Handicaps:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Mother’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Date Joined:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MUST BE NOTARIZED**

**CATS GYMNASTICS Social Media Release Form**

I, the undersigned, do hereby grant permission to CATS GYMNASTICS to post my child’s photos and/or videos on their CATS GYMNASTICS social media accounts (such as Facebook) and/or website. I hereby release you, your employees, and directors from all claims and demands arising out of or in connection with any use of said photos/videos, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the photos/videos or any rights therein for CATS GYMNASTICS newsletters or publications.

**Please indicate one (1) of the following:**

* **Yes** I agree to the above statements, and hereby grant permission.
* **No** I would not like my child’s photo released, but I have read and understand the form.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child’s inclusion in the Materials, will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_