



## Aeon Fitness and Gymnastics · Registration Form 2012/2013

157 Patterson Street, Hillsdale, NJ 07642  
info@aeonfitgym.com · 201-664-0304 · www.aeonfitgym.com

*Please Print Clearly ☺  
Siblings should be placed together on this form*

Student(s) Name:	Date:		
Student DOB:	Student Age:	Grade:	Sex: M / F

Parent/Guardian Name:		
Home Address:		
Home Phone:	Cell Phone:	Other Phone:
Email Address:	All Siblings:	
Alternate Address:		

Alternate Emergency Contact:	Emergency Contact Phone:
Doctor's Name:	Doctor's Phone:
Insurance Company:	Allergies:
Medical, Physical, and/or Mental Limitations, Conditions:	
List all Medications:	
Additional Notes:	

In consideration of payment of class fees and use of the facilities at Aeon Fitness and Gymnastics, LLC., the parent/guardian agrees as follows:

1. I have read, understand, and will abide by the policies/procedures/guidelines of Aeon Fitness and Gymnastics.
2. I understand that there are no refunds, only credits, and 1 make up class permitted per session.
3. Participant is currently medically and physically able to partake in all classes or activities at Aeon Fitness and Gymnastics. I will notify Aeon Fitness and Gymnastics of any changes in the medical

condition of my child. In consideration of participating in the programs at Aeon Fitness and Gymnastics, I understand the nature of the activity and that I and/or my child (named on this Form) is qualified, in good health, and in proper physical condition to participate in such activity.

4. In case of emergency, I authorize employees of Aeon Fitness and Gymnastics to contact and/or secure medical attention for the participant.
5. I hereby release, discharge, and covenant not to sue Aeon Fitness and Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.
6. I fully understand and acknowledge that: there are risks and dangers associated with participation in gymnastics/fitness activities and events, including but not limited to bodily injury, partial and/or total disability, paralysis and death; and accepts and assumes such risks and responsibilities for the losses and/or damages.
7. If either party should undertake legal action to enforce any of the terms of this Agreement, the prevailing party therein shall be entitled to reasonable attorney fees and costs of suit incurred in connection therewith, in addition to any other relief awarded.
8. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey without giving effect to principles of conflicts of law. The exclusive jurisdiction and venue of any action arising under this Agreement shall be New Jersey Superior Court, Bergen County.
9. A determination by a court of competent jurisdiction that any provision of this Agreement or any part thereof is illegal or unenforceable shall not cancel or invalidate the remainder of such provision or this Agreement, which shall remain in full force and effect.
10. I agree that this waiver and release Agreement covers each and every activity at Aeon Fitness and Gymnastics and the releases are released as to each and every time the participant comes to Aeon Fitness and Gymnastics.
11. I understand that media such as photographs and/or videos of participants may be taken and used for Aeon Fitness and Gymnastics' official use and display. My child's name will not appear alongside of any media type.
12. I agree to follow the rules, regulations, and policies when participating within the programs of Aeon Fitness and Gymnastics.
13. I give permission to Aeon Fitness and Gymnastics to send updates and/or promotions through mail at any time.

**The annual Registration Fee of \$25 is non-refundable and non-transferable.**

I have read the above waiver and release. I understand that I have given up substantial rights by signing it and sign it voluntarily.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## How did you hear about us? 😊

Thank you for joining classes here at Aeon Fitness and Gymnastics. We look forward to making your goals a reality. Please let us know how you found us by checking all boxes that apply.

Newspaper/Magazine	
Word of Mouth	
Visual Advertisement	
Internet/Website	
Recommendation by a friend/family	
Athletic Team	
Watched a performance by our gymnasts	
Other:	