



340 Wheatley Plaza, Greenvale NY 11548
 516-277-1950 www.gravityinmotionny.com

Winter/Spring 2018 Registration

Classes fill up quickly; therefore, in order to insure your child's placement in appropriate classes, it is in your best interest to register early. Send your child's registration form with a non-refundable \$100 deposit. Remaining balance is due after the third week of classes January 23, 2018. We accept cash, checks, MasterCard, Visa, American Express. Please make all checks payable to Gravity in Motion, you may email us at gravityinmotionny@gmail.com

Students First & Last Name		Age & Grade in September
Street Address	Town	Zip Code
CHECK BOX IF THIS IS A NEW ADDRESS <input type="checkbox"/>		
Cell Phone #		Alternate Telephone #

Clearly Print EMAIL ADDRESS – (important, to receive information throughout the school year)

*****PLEASE, NO BUSINESS EMAIL ADDRESSES, ONLY INDIVIDUAL EMAIL ADDRESSES Our Email server does not work with business email addresses****

By making any payment(s), I acknowledge that I have read and understand policies, tuition and payment system, and agree to all Gravity in Motion policies. Please enroll my child for the 2018 Winter/Spring Semester at Gravity in Motion.

Signature: _____

Class(es) For Which Your Child Is Registering

**Please Note: Teachers and Classes Are Subject To Change*

Day:	Time:	Class:	Teacher:
Day:	Time:	Class:	Teacher:

Amount Enclosed \$	Cash	Check #	Date Paid	Credit Card #:	Expiration Date
					Code:

Please check here if you DO NOT want your balance automatically paid on due date

Please check here if your child has any special needs

Indicate if your child has any special needs, or difficulties with learning, vision, hearing, attention, motor skills, or any other challenges, so we can offer your child the best gravity experience.

USE THE BACK OF THIS REGISTRATION FORM TO DESCRIBE YOUR CHILDS INDIVIDUAL NEEDS

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Gravity In Motion, Inc. and its employees. Having such knowledge I hereby release Gravity In Motion, Inc., representatives, agents and successors from liability for accidental injury or illness which may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. Gravity has the right to publish photos or videos from classes, parties and events