Somersaults Gymnastics Center Registration & Liability Release Gymnastics Instruction 2017

OFFICE USE ONLY
Drop Date Entered (trials only)
Registration Fee Posted (class enroll only)
Fees Checked and Posted

Corridor Family Guide		ne. Website	Friend/Family	Member:			
orriaer ranni, carae	Newspaper Ad	Phone Book	Child Care	Mailer	School Flyer	Facebook	
irthday Party Other:_							
Please Initial:3 Makeup Classes10 Day Written NA \$25 annual regi		ice to Drop Class		(\$75 max. per	family).		
1st Student's Full Name:			Male/Fema	ale Birthdate: _			
2nd Student's Full Name:		Male/Female Birthdate:/					
3rd Student's Full Name:			Male/Fem	ale Birthdate:			
4th Student's Full Name:		Male/Female Birthdate:/					
Mother's Full Name:			Mother's I	E-mail:			
Home Phone:	Cel	ıl #:	\	Nork #:			
Address:			C	ity:	State:	Zip:	
employer:employer:employer:employer:employer:employer:employer:			Father's E-mail: _				
Home Phone:							
Address-circle if same as abo	ve:			_ City:	Sta	te: Zip:	
Employer:							
Additional Emergency Con	tact (if any):						
		Home Ph	one:	Cell:	V	Vk:	
Relationship to Student:		Subscriber #:					
Relationship to Student: Health Insurance Carrier: _			Subscribe	er #:			

WAIVER: As the legal guardian of my designated student(s), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

REGISTRATION FEE: All Students will be charged a \$25 annual registration fee.

PAYMENT POLICIES: Regardless of payment method, your child is registered for the entire semester unless we receive written notice to discontinue. If your child no longer wishes to take class, you must NOTIFY THE OFFICE 10 DAYS BEFORE THE END OF THE CURRENT 4 WEEK PERIOD (MONTH). NOTIFICATION MAY BE MADE BY COMPLETING A DROP CARD (AVAILABLE IN OFFICE). YOU WILL BE AUTOMATICALLY CHARGED UNTIL NOTIFICATION IS MADE. Please DO NOT tell your child's teacher and assume they will tell the office. If you do not wish to continue class, leave the drop card in the payment box, in the office, or in the mail. Refunds are not given. Any account 90 days past due may be sent to a collection agency.

SUMMER ONLY: Tuition is charged for the entire summer session. All students must pay at least 1/2 to register and the remainder is due by the end of the first week of the session.

FALL/SPRING SESSIONS:

4 WEEK (MONTHLY) PAYMENTS: Payments are due the first week of each 4 week period. We do not send out bills. Anyone paying by the month will be required to have a valid credit card on file. If payment is not made by the due date, your card will be charged for the amount due. If you do not have a credit card on file and payment is not made by the due date, your child will be dropped from his/her class.

SEMESTER PAYMENTS: If you would like to pay for your child's class by the semester instead of per month, a 10% discount is offered. You may pay ½ at registration and the balance on the FIRST day of class. However, there are NO REFUNDS with this payment option for any reason. Any accounts not paid in full by the due date will be assessed a \$10.00 late fee. Semester payments not paid during the first month will be automatically switched to monthly payments.

PAST DUE ACCOUNTS: Any accounts not paid by the due date will be assessed a \$10.00 late fee and a statement will be sent to you. Any future statements sent will have a \$10 statement fee added. Accounts 90 days past due may be sent to a collection agency, and a fee of ½ of the amount due will be added to your account to cover the cost of collections.

MAKEUP POLICY: All Students will be allowed to makeup 3 missed classes during the current session. No refunds for classes missed including scheduled holidays.

DROP PROCEDURE:

PARENTS MUST NOTIFY THE OFFICE TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable. 10 day written notice is required. If you drop prior to the session beginning, we will issue a refund less a \$10 administrative fee. Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS until the time you notify the staff VIA WRITTEN NOTICE. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to another child.

WHAT TO WEAR: All students must wear proper attire to class: Girls 3 and older - leotard (no tights), long hair up, no jewelry. Sports bras are not acceptable workout attire unless covered by a leotard. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. Boys - Shorts/sweatpants and a t-shirt TUCKED IN. All students best barefoot, socks are acceptable. Personal items should be left in cubby holes. Jewelry should not be worn during classes. PLEASE LEAVE JEWELRY ARTICLES AT HOME. This facility's staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name.

ARRIVAL AND PICKUP: Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

BILLING AUTHORIZATION: I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 10 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es). Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

PHOTOGRAPHY: I give my consent for my child(ren) be photographed for use by Somersaults Gymnastics Center in newspapers or other media.

Parent/Guardian Signature	Date	