

The Gymnastics Zone – Registration Form

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REQUIREMENTS FOR ENROLLMENT:

Registration form must be completed and signed by a parent or legal guardian. The \$35.00 non-refundable registration fee AND tuition must be paid in full at time of enrollment. Any past due balances must be paid in full.

Child 1 (please provide first and last name): _____

DOB: _____ Age: _____ School & District: _____

Medical Conditions/Allergies & Reactions & Treatment: _____

Class: _____ Code (office use only): _____ Reg Fee Due: _____

Child 2 (please provide first and last name): _____

DOB: _____ Age: _____ School & District: _____

Medical Conditions/Allergies & Reactions & Treatment: _____

Class: _____ Code (office use only): _____ Reg Fee Due: _____

Child 3 (please provide first and last name): _____

DOB: _____ Age: _____ School & District: _____

Medical Conditions/Allergies & Reactions & Treatment: _____

Class: _____ Code (office use only): _____ Reg Fee Due: _____

Child 4 (please provide first and last name): _____

DOB: _____ Age: _____ School & District: _____

Medical Conditions/Allergies & Reactions & Treatment: _____

Class: _____ Code (office use only): _____ Reg Fee Due: _____

Parent Information (please provide first and last name):

Parent 1: _____ Phone # _____

Email: _____

Parent 2: _____ Phone # _____

Email: _____

Address: _____

City/State/Zip: _____

Medical Insurance (Name & Policy #) _____

Emergency Contact Information – If we cannot reach one of the above listed parents, we will contact the names below:

Name & Relationship to Child: _____ Phone # _____

Name & Relationship to Child: _____ Phone # _____

The Gymnastics Zone – Registration Form (continued)

WITHDRAWAL POLICY:

While tuition is considered monthly (September – May), we do not consider each month a new session. During the school year, your child's enrollment is carried over each month. Should you choose to withdraw from our program, a two-week written notice is required. Please stop by or email the front desk to complete a withdrawal form so we can update your account. If a two-week notice is not provided, we will assume your child is still enrolled and we will continue to add tuition and late fee charges to your account, for which you will be held responsible.

HOLD HARMLESS AGREEMENT

I hereby give my permission for my child(ren) (please print their first/last name) _____ to participate in the program(s) at The Gymnastics Zone, Inc. I hereby accept all risks and responsibilities for the use of the premise, area and/or facility including the use of the equipment. I further agree to indemnify and hold harmless the staff and owners of The Gymnastics Zone, Inc. including the corporate officers, from all liability claims, demands, actions and causes of actions, that may arise out of the use thereof. I further give my permission for my child(ren) to be photographed and/or videotaped during all classes, rehearsals and performances. **I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT.**

Signature: _____ Date: _____

RULES AND POLICIES STATEMENT

By enrolling my child in gymnastics at The Gymnastics Zone, Inc., I recognize that I am obligated to follow the rules and policies of the program. I will also ensure my children understand and adhere to the rules and safety policies listed:

1. I pay for my child's spot in his/her class, NOT by their attendance and there is NO pro-rating due to lack of attendance.
2. I agree to the withdrawal policy listed at the top of this page. If I fail to provide a completed withdrawal form, with a two-week notice, I WILL BE HELD RESPONSIBLE FOR PAYING ALL FEES CHARGED TO MY ACCOUNT.
3. The Gymnastics Zone, Inc. reserves the right to remove my child from class for non-payment.
4. The parent/guardian of the child is responsible for the payment of charges. The Gymnastics Zone, Inc. is not responsible for collecting any payments from any other party than the one who signs this form.

Signature: _____ Date: _____

TUITION PAYMENTS AND MAKE-UP AGREEMENT

Tuition Policy:

A \$35.00 annual registration fee is required at time of enrollment and needs to be renewed every year from the time you register. Tuition is due on a monthly basis. Payment is due on the 1st day of each month. A \$15.00 late fee will be issued if full payment is not received by the 2nd class. If no payment has been received within 30 days or if your account balance reaches a \$100.00+ above past due balance, we have the right to dismiss your child from our program. NO REFUNDS OR CREDITS FOR MISSED CLASSES. If a child has a serious illness or injury causing them to miss three or more consecutive classes, there will be consideration of a 50% credit, provided the office is notified immediately, with a doctor's note. NSF checks will be assessed a \$25.00 fee.

Make-up Policy:

If your child is sick or cannot make their scheduled class, he/she is eligible to make-up that class by attending an open gym for free. This policy also applies to any cancelations that are initiated by The Gymnastics Zone, Inc. PLEASE NOTE: If you have missed a class, you will be able to pick up a Free Open Gym Pass at the front desk. Open gym passes are to be used within one month of missing a class. We do not replace lost passes.

Signature: _____ Date: _____