



Gymnastics Gold Registration

Gymnast Information

Last Name, First Name, Middle Initial

Age

Date of Birth

Address

City, State, Postal Code

Home Phone #

Mothers Name

Place of Business/Occupation

Work or Cell Phone #

Fathers Name

Place of Business/Occupation

Work or Cell Phone#

Email address (required)

How did you hear about us? (circle one) Birthday Party Newspaper/Magazine Website Referral

Previous Customer Other _____ Referred by _____

List any pre-existing medical conditions (i.e. allergies, chronic illnesses) _____

Doctor's Name: _____ Phone# _____

Phone # _____

Emergency Contact/Relation to Child

Emergency Authorization

In all activities there exists the potential for injury, minimal to catastrophic. Therefore I authorize the Gymnastics Gold Staff to take whatever emergency medical measures are deemed necessary for the protection of my child while in their care including calling EMS for transportation to a hospital or clinic. My child and I are aware that participation in Gymnastics/Tumbling is a potentially hazardous activity. I assume all risks and costs associated with participation with the sport. All such risks to my child are known and understood by me. Initial _____

Tuition Information

I choose to pay tuition month by month _____ (via cash, check, credit/debit card)

I choose to pay tuition by auto draft _____ (signed credit card consent form required)

I am aware that I am responsible for providing the front office only (no verbal communication or telling coaches will be accepted) a written withdrawal notice two weeks prior to the end of the current month. Otherwise, I am held financially liable for the next month tuition in full. I also understand that if my account becomes delinquent for any reason, suspension from training will follow without notice and I will be financially responsible for all reasonable collection and legal fees. A \$10 late fee will be charged each month to any account not current by the close of business on the 10th of the month. There are no exceptions to this fee. The annual registration fee of \$30 is Non- refundable and will not be pro-rated. By signing below, I understand and accept all policies and procedures even if I fail to initial or check the above listed boxes.

Office Use Only

Class _____
Day _____
Time _____

Registration Fee _____
Tuition Fee _____
Trial Time _____

Trial Date _____
Trial Class _____
Day _____

GYMNASTICS GOLD
GYMNASTICS, TUMBLING & PRESCHOOL CLASSES
www.gymnasticsgold.com

1. **FEES:** Registration fees are nonrefundable. Registration is \$30 for all members. (Family rate is \$70 for 3 or more students) **CLASS FEES ARE DUE ON THE FIRST OF EACH MONTH.** A \$10 late fee will be added to your account if fees are not paid in full by the close of business on the 10th of each month. If tuition is still outstanding by the 10th of the next month, the student(s) will be dropped from the class. The student may re-enroll when all past due fees and late charges are paid in full AND IF there is availability in the class. **NO STUDENT WILL BE PLACED IN A CLASS WITHOUT PAYMENT! NO EXCEPTIONS!**
2. **TUITION:** Prices for classes are based on a 9 month period. Because of this the price is the same every month regardless of it being a 3 week or a 5 week month.
3. **METHOD OF PAYMENT:** Gymnastics Gold accepts all forms of payment including cash, checks and credit/debit cards. Please make all checks payable to Gymnastics Gold and make sure your child/children's name is written on the check. A \$15 fee is assessed for all returned checks and must be paid in cash.
4. **ABSENCES/ATTENDANCE:** In our effort to keep tuition reasonable, any student that is absent from a class for 2 consecutive weeks must bring in a doctors excuse in order to make up the class. (Make ups for illness/family emergencies **ONLY**) Our classes advanced each week so it is important that your child attends regularly in order to keep up with the class. **NO TUITION DEDUCTIONS FOR MISSED CLASSES.** Check our online calendar for scheduled closings. In case of inclement weather, call the gym. Classes cancelled due to severe weather will **NOT** be rescheduled.
5. Gymnastics Gold reserves the right to cancel, combine or reschedule classes as enrollment requires. We also reserve the right to refuse service to any student at any time with just cause or reason.
6. I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. **I HERBY GRANT** _____ **/DO NOT GRANT** _____ my permission for the resulting photograph/video to be used for any publicity or printing purposes on the Gymnastics Gold website, Face book, newspapers or magazines.

I have read and fully understand this contract and will abide by it for the current season. I also understand that if any part of this contract is violated, my child/children is subject to dismissal from our program without refund of any monies.

Parent/Guardian Signature _____ Date _____

I _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature _____ Date _____