

SPRINGS GYMNASTICS 2023-2024 REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Phone: () _____

Email: _____ Occupation: _____

Father/Guardian Name: _____ Phone: () _____

Email: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Phone: _____

STUDENT INFORMATION

1st Student Name: _____ **Date of Birth:** _____

Allergies, Physical, Emotional, Social Issues, or Medical Conditions? Female Male

No Yes, Please Explain: _____

2nd Student Name: _____ **Date of Birth:** _____

Allergies, Physical, Emotional, Social Issues, or Medical Conditions? Female Male

No Yes, Please Explain: _____

3rd Student Name: _____ **Date of Birth:** _____

Allergies, Physical, Emotional, Social Issues, or Medical Conditions? Female Male

No Yes, Please Explain: _____

PAYMENT/BILLING INFORMATION *(Please initial & sign below)*

_____ I will incur recurring monthly/session tuition charges on my account until I submit a withdrawal form. **This request must be made 30 days prior to the withdrawal date.** I understand that I am responsible for any tuition leading up to my withdrawal date. If the end of my 30 day notice falls in the middle of the month, my tuition will not be prorated.

_____ **I would like auto billing.** I agree that my credit/checking account will be charged on the 1st of the month for that month's tuition. Auto billing only applies to recurring session tuition. Fees for other products/services shall be paid for at the time of purchase and/or registration. I understand if the above-named persons and/or participants are enrolled in a program that has recurring tuition, I am continuously enrolled in the program.

_____ **I understand a late fee of \$25 will be added on the 10th of the month if the monthly tuition fee is not paid before this date.** I will pay my account balance before the 20th of the month. If my payment is not received before the due date, I understand that I will be dropped from the class roster. I understand that I am continuously enrolled until I submit a withdrawal form to Springs Gymnastics.

_____ **REFUNDS or CREDIT** for missed classes or withdrawal prior to conclusion of session is not allowed for any reason. I have read and completely understand and agree to all terms and conditions of this agreement.

SIGNATURE: _____ **DATE:** _____

TUITION, FEES, AND PAYMENTS

Monthly Tuition Policy:

- **Springs Gymnastics operates a continuous enrollment gymnastics program.** Once enrolled, your child will continue to occupy a space in class. You will continue to be billed until you request your child be withdrawn. A withdrawal form **MUST** be turned in **30 days before** your last day of class. Tuition is not prorated upon withdrawal. In order to avoid paying the upcoming month's tuition, you must turn in the withdrawal by the 1st of the month (Ex. December 30th is your last day, we must receive withdrawal form by December 1st). Lack of attendance does not relieve you of financial responsibility. **MAKES UPS ARE NOT AVAILABLE FOR ABSENCES.**
- **Discounts:** There is an ACTIVE military, first responder, and sibling discount. IDs must be shown to receive a discount.
- **Tuition is due by the 1st of every month.** If you elected to be on auto payment, the tuition will automatically come out on the 1st of the month. If you elect to NOT be on autopay, tuition must be paid by the 20th of the month. All students, who are not on autopay, with unpaid tuition by the 20th of the month will be dropped from the class and their space will be made available to new registrations. **A \$25.00 late fee will be added to any unpaid charge by the 10th of the month.**
- **Tuition is ONLY prorated for a new student.** Springs Gymnastics does NOT issue refunds for paid tuition. If you must withdraw enrollment, your last class will be reflective of the paid-through date.
- **An annual registration fee is due at the time of initial enrollment and will be charged every 12 months.** If you withdraw your student from class and then re-enroll within the same 12 month period, you will not be required to repay the registration fee upon re-enrolling.

Automatic Payment Policy:

- Automatic payments come out on the 1st of every month. If your auto payment does not go through correctly on the 1st, we will notify you and you will be given until the 10th of the month to submit payment before we assess a late charge.
- If you are on autopay and want to be removed from autopay, we require written notice and it must be received by close of business on the 15th of the month to stop autopay for the upcoming month's tuition. Autopay cancellation forms will be located at our front desk. If you would like to get on autopay, please see the front desk to sign up.

CONSENT, RELEASE, ASSUMPTION OF RISK STATEMENT & WAIVER OF LIABILITY AND PERMISSION TO TREAT AND/OR TRANSPORT

Any activity involving height and/or motion creates the possibility of serious injury, paralysis and even death from landing on the neck, head, and other parts of the body. Mats and its do not eliminate this hazard. In Consideration of participation in Gymnastics, I represent that I understand the nature of this Activity and that I/my child am/is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participation in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Springs Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, 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 in whole or in part by the negligence of the 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. Any and all gymnastics skills will be conducted in a safe gym environment and will hold Springs Gymnastics harmless of any injuries incurred in and outside gym areas. I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Springs Gymnastics and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Springs Gymnastics may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Springs Gymnastics employees, volunteers, and program participants and their families.

I understand that Springs Gymnastics staff members are not physicians or medical practitioners. With that in mind, I hereby release the Springs Gymnastics staff and its volunteers to render temporary first aid to myself/child for injury or illness. In the event of an emergency, I authorize Springs Gymnastics to transport or contact medical emergency personnel to transport myself/child to the nearest available source of assistance for medical and/or dental treatment as deemed necessary by Springs Gymnastics and/or attending medical personnel. I hereby authorize any licensed medical personnel to use appropriate procedures to aid me/my child to prevent further injury and/or death. If possible, I would like to be contacted before procedures are initiated, however, if the injuries are catastrophic, life threatening, or I cannot be reached, I give permission to the emergency care personnel and Springs Gymnastics to do what is deemed necessary in the best interest of me/my child. I affirm that I have and will continue tion.

I have read and completely understand all of the above and agree to all terms and conditions of this agreement.

Parent/Guardian Signature: _____ **Date:** _____

Internal Use Only
Form Details Entered into iClass by: _____ **Date:** _____

AUTOPAY CREDIT CARD FORM

Student Name: _____

Name on Card: _____

Billing Address of Card: _____

City: _____ State: _____ Zip Code: _____

Visa MasterCard Card Number: _____

Card Expiration: _____ Card Security Code: _____

Card Holder Signature: _____ Date: _____

For your safety this form is shredded after information is securely entered into our computer system.

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