

**Haydens International Gymnastics Academy
Registration Form 2009 - 2010**

Child Name _____

Age _____ Date Of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

EMAIL _____ Home # _____

Mother's Name _____ Cell # _____

Employer _____ Work # _____

Father's Name _____ Cell # _____

Employer _____ Work # _____

SPECIAL MEDICAL CONDITION _____

Insurance Co _____ Policy # _____

I agree to pay the class fee of \$ _____ per month. Tuition is due by the 5th of each month. I understand there will be a late fee of \$10.00 added to my account if payment is not received by the 5th of each month.

There will be no refund, no pro-rating of fees for days missed or holidays. To withdraw from the program at any time, a TWO WEEK written notice must be submitted to the gym office. A verbal notice is unacceptable. If the withdrawal procedure is not adhered to as stated above, I will be responsible for the following month's tuition. There will be a \$50.00 annual registration fee for recreational students; team/squad members will pay a \$75.00 annual due by May 15th. Families pay a maximum of 2 registrations. Registrations are to be renewed annually.

We, the undersigned registration, parents or legal guardians of the applicant whose name appears above recognized that there is a substantial risk of possible catastrophic injury and/or paralysis arising from the applicant's participation in the programs of Haydens International Gymnastics Academy. Therefore in consideration of such applicants in the instructional recreational programs of Haydens International Gymnastics Academy do hereby agree to indemnify and hold harmless the said Haydens International Gymnastics Academy, its officers, instructors, employees and representatives from any and all liability, loss or damage. Including reasonable attorney's fees resulting from claims, cause of action, demands, cost of judgement against the said Haydens International Gymnastics Academy, its officers, instructors, and employees, without limitations. Any injury, illness or accident, to such applicant, arising from such applicant's participation in any way in any program, course of instruction, or travel with the said Haydens International Gymnastics Academy. We further expressly give a member of the Haydens International Gymnastics Academy staff the power to consent for medical treatment during an emergency situation for health and safety for my child, in the event that I/we cannot be immediately contacted.

I HAVE READ AND AGREE TO THE ABOVE LISTED TERMS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ATTENTION PARENTS

Please read the following information carefully before signing up for classes.

MONTHLY TUITION :

Monthly tuition is due by the 5th of every month for any student enrolled in our program. Tuition needs to be paid by the 5th of every month through mail, automatic credit card transaction or through the front office. It is best not to rely solely by paying according to your child's gym schedule since illness, vacation or the gym closing may interfere with paying on time. Any tuition paid AFTER the 5th of every month will be charged a **\$10.00 late charge**. No exceptions! INITIALS _____

WITHDRAWAL POLICY :

In order to withdraw from a class, the office **MUST** receive a written withdrawal notice 2 weeks prior to a child's last day. If you DO NOT submit this notice you will be charged for the class as long as your child's name is on our roster. INITIALS _____

REFUND POLICY :

No refunds will be issued and there will be no pro-rating of fees for days missed or for holidays. Tuition is based on a yearly cycle. You will receive one MAKE-UP class for illness each month during the Fall/Spring Session. During the Summer Session each child will only receive one make-up due to illness and one make-up for vacation for the full Summer Session. INITIALS _____

Please sign below to verify that you have read and understand these necessary policies.

THANK YOU!

Signature _____ Date _____

For office use only:

Class _____ Day _____ Time _____ Instructor _____

Class _____ Day _____ Time _____ Instructor _____

Amount Paid \$ _____ Check # _____ Cash _____ Credit Card _____

Entered into computer (initials) _____ Entered into Book (initials) _____

