

HAYDENS

ACKNOWLEDGEMENT FORM- 2015-2016

I have read the Haydens Competitive Team Program Handbook. I fully understand the responsibilities and privileges of the membership for the parents, as well as gymnasts. I also acknowledge that this agreement and my acceptance will continue through the duration of my child's participation on "Team" and will automatically renew each year (12 months) upon my child's anniversary date. . I also agree that my monthly payments (and any late fees) will be auto -drafted from either a credit card, debit card or automatic bank draft.

Gymnast Name _____

Parent/Guardian _____ Date _____

I understand my responsibility to notify Haydens Gymnastics Academy in writing of the intention to withdrawal from the team program and the effective date of the withdrawal and any costs still due will be dependent upon our anniversary date. Failure to complete the withdrawal process could result in continued charges. Please also be aware that you may withdrawal at any time but you will still obligated to pay any and all fees due through the duration of your contract.

I understand that by signing below, I accept responsibility for the total financial obligation for all expenses incurred for my gymnast for each and every year my child participates on "Team" and I understand that this agreement will renew automatically on our individual anniversary date regardless if a new acknowledgement form is signed.

Parent/Guardian _____ Date _____