

# APEX GYMNASTICS

## 2008-2009 RECREATIONAL CLASS REGISTRATION

### August 11, 2008 - May 30, 2009

For Office Use Only:  
 RF: \_\_\_\_\_  
 1st Month: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Form of Payment \_\_\_\_\_

Child #1 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Traditional \_\_\_\_\_ Year Round/Track No. \_\_\_\_\_

Child #2 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Traditional \_\_\_\_\_ Year Round/Track No. \_\_\_\_\_

Child #3 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Traditional \_\_\_\_\_ Year Round/Track No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Class Name** (i.e., 6-8 yr old/Tramp & Tumble): \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Class Name** (i.e., 6-8 yr old/Tramp & Tumble): \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Class Name** (i.e., 6-8 yr old/Tramp & Tumble): \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### MEMBERSHIP AGREEMENT

INITIAL

\_\_\_\_\_ **Registration Fee/Tuition:** In order to hold a space in a class, the non-refundable registration fee and first month's tuition must be paid at the time of registration. I understand that tuition is based on a four-week payment session and I agree to pay tuition in advance by the 1<sup>st</sup> day of each month. Tuition not received by the 7<sup>th</sup> of the month will automatically be drafted from either my credit card or checking account along with a \$20 late fee. There will be a \$35 fee for all returned checks, declined bank drafts, or declined credit card charges. Non-payment of tuition by the 1<sup>st</sup> day of the following month that tuition is due will result in forfeiture of my child's space in the class. **APEX GYMNASTICS DOES NOT ISSUE BILLING STATEMENTS.** If your child suffers an injury and has to miss classes, please notify the office ASAP. We can only waive tuition and save your child's slot in the class with a doctor's note explaining the injury and the length of the absence. Unpaid tuition will forfeit your child's space in our program. We do not offer any programs on a per week basis.

\_\_\_\_\_ **Make-up Classes:** I understand that, if my tuition is current, I may schedule one (1) make-up class per month for missed classes. No more than five (5) make-up classes may be scheduled for the entire session. Make-ups are provided to me as a courtesy and are not mandatory. I must complete my make-ups prior to May 30, 2009 or prior to withdrawing from the program. After which, I will forfeit any remaining make-up opportunities. **NO CREDITS OR REFUNDS ARE GIVEN FOR MISSED CLASSES.** Furthermore, I must notify the office if my child is not able to attend a scheduled make-up class. Failure to do so will result in a forfeit of that specific make-up opportunity. Make-ups can be completed by scheduling a time slot in an existing class that has a current opening. No walk-in make-up classes allowed. All make-up classes are required to be scheduled with the office. I agree to schedule make-up classes within 30 days of the missed class. After 30 days, my make-up opportunity will automatically be forfeited for that class. If my child is absent for more than 2 consecutive classes, I will contact the office to make sure my slot isn't filled by a new student. No make-up classes are allowed in the event of posted gym closings.

1013 Investment Blvd.  
 Apex, NC 27502  
 919-303-7976

[www.apexgymnastics.com](http://www.apexgymnastics.com)

\_\_\_\_\_ **Dropping a Class:** Students wishing to drop a class after the season has started, must submit a 30-day written notice prior to the last class date. I am responsible for all tuition following the 30-day written notice. If tuition payment has not been received, it will automatically be drafted from my account. Failure to give notice makes me responsible for one month of classes and will automatically be drafted from my account. Please DO NOT call the office to drop your child from class, as this form of notification will not be accepted. Apex Gymnastics appreciates your cooperation. Our staffing depends on this method so we will always be ready for your child in our gymnastics classes.

\_\_\_\_\_ **Gymnastics Classes:** I understand that classes run August 9, 2008 through May 30, 2009. Apex Gymnastics reserves the right to make changes to the class schedule or move my child to a class that is more suitable for their needs. I am aware that four students are required in each class to hold the class open.

\_\_\_\_\_ I acknowledge that I have received a copy of the Gym's Policies and Procedures and Membership Agreement.

\_\_\_\_\_ Apex Gymnastics would like to use images of your child in internal and external promotional material including any printed material, broadcast and print advertising and for our website.

\_\_\_\_\_ **I PERMIT**

\_\_\_\_\_ **I DO NOT PERMIT**

### HEALTH INFORMATION

Does your child have a chronic condition (i.e. Asthma, ADD/ADHD) that requires medication, or injury within the past 12 months (i.e. broken bone, severe sprain)? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Parent hereby stipulates that child is physically sound and has medical approval to proceed with classes.

### MEMBERSHIP WAIVER

The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks him/herself. He/she further relieves Apex Gymnastics, its management, assigned instructors, and all others concerned from any liability resulting from personal injury and/or loss of personal property. The student acknowledges that rules and regulations governing the institute have been adopted and may be changed from time to time, and the student/parent/guardian agrees to abide by all such rules and regulations adopted, including the time scheduled for instruction and use of the club as posted. I have read and agree to comply with the above Membership Agreement and all gym policies.

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

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**PAYMENT METHOD**

STUDENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

**PLEASE CHOOSE YOUR PAYMENT METHOD BELOW**

       **PAY by Check or Credit Card every month**  
**CREDIT CARD INFORMATION IS REQUIRED TO BE ON FILE**

\_\_\_\_\_ Visa                  \_\_\_\_\_ Mastercard                  \_\_\_\_\_ Discover

Cardholder's Name \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code from back of card: \_\_\_\_\_

\* \* \*

       **AUTOMATICALLY debit my Checking Account or Savings Account every month**

I hereby authorize Apex Gymnastics to initiate debit entries to my checking or my savings account for any and all applicable fees charged to me by Apex Gymnastics. IF YOU CHANGE BANK ACCOUNTS, PLEASE NOTIFY THE OFFICE STAFF OF THE CHANGE BY PROVIDING A NEW VOIDED CHECK OR SAVINGS DEPOSIT SLIP. PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR OUR RECORDS.

BANK NAME \_\_\_\_\_

Routing # \_\_\_\_\_ Acct# \_\_\_\_\_

\* \* \*

       **AUTOMATICALLY charge my Bank Card/Debit Card/Credit Card every month**

I hereby authorize Apex Gymnastics to automatically charge my bank card/debit card/credit card for any and all applicable fees charged to me by Apex Gymnastics.

\_\_\_\_\_ Visa                  \_\_\_\_\_ Mastercard                  \_\_\_\_\_ Discover

Cardholder's Name \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code from back of card: \_\_\_\_\_

This is to remain in full force and effective until Apex Gymnastics and the bank have received written notification from me of its termination at least 30 days prior to my draft date. Your account will be drafted on the 5th of each month. If the draft date falls on a Saturday, your account will be drafted on the Friday prior to your draft date. If the draft date falls on a Sunday, your account will be drafted on the following Monday. Should your draft not go through on the first attempt, payment will be presented a second time within 24 to 48 hours. Please be advised that Apex Gymnastics will not be responsible for any bank fees that occur during these presentations. Should any draft be returned unpaid, I understand there will be a \$35.00 service charge payable to Apex Gymnastics.

By signing below, I acknowledge that I have read and understand all policies and procedures with regard to this draft.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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# **APEX GYMNASTICS**

## **POLICIES AND PROCEDURES**

### **GYM RULES**

1. A 30-day written notice is required for termination of a class.
2. All students are required to wait inside the building for their rides after classes. We will NOT release a student to anyone they do not know or feel uncomfortable with.
3. Parents will refrain from coaching their child(ren) from the bleachers/sidelines.
4. Parents will monitor siblings in the waiting area. NO climbing on the wall, bleachers or playing in the water fountain.
5. Only staff and students currently taking classes are allowed on the gymnastics "floor."
6. Notify the office via email or telephone if your child is going to miss class for any reason.
7. If your child suffers an injury and has to miss class, we will only waive tuition and save your child's slot in the class with a doctor's note explaining the injury and the length of the absence.
8. Sportsman like conduct is expected at all times in the gym. After 2 warnings, the individual will be dismissed from the gym.
9. In case of inclement weather, call 919-303-7976, visit our website at [www.apexgymnastics.com](http://www.apexgymnastics.com) or the local TV stations for closing information.
10. No alcohol or illegal substances allowed on premises.
11. Our facility is a smoke-free environment.
12. Your gymnast's hair must be pulled back in a tight ponytail using ponytail holders, not scrunchies, and sprayed and clipped into place. This should be done before they arrive so as not to interfere with class time. All of their hair should be pulled back into place without bangs falling into their face.
13. Please plan to arrive 5 to 10 minutes early so class can start on time.
14. Those not in classes should remain in the reception area.
15. No running in the gym.
16. Proper gymnastics attire.
17. Girls - Leotards or shorts and tee-shirt.
18. Boys - Shorts / Pants with tee-shirt.
19. Bare feet only. No shoes or socks.
20. No jewelry.

### **GYM 2008-2009 CALENDAR**

August 30 - September 1	Labor Day (Closed)
November 27-30	Thanksgiving (Closed)
December 24 - January 3	Christmas / New Years (Closed)
April 10-12	Easter (Closed)
May 23-25	Memorial Day (Closed)
May 30-31	End of Year Celebration - All recreational class gymnasts will participate in our Annual End of Year Celebration Meet

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