

APEX GYMNASTICS

2009-2010 RECREATIONAL CLASS REGISTRATION

August 3, 2009 – May 23, 2010

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:** _____

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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 by bank or credit card draft on the 1st day of each month. There will be a \$35 fee for all declined bank drafts, or declined credit card charges. **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 21, 2010 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 OR HOLIDAYS.** 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.

_____ **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. 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. We appreciate 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 3, 2009 through May 21, 2010. 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

**APEX GYMNASTICS
PAYMENT METHOD FORM**

STUDENT'S NAME _____

PARENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME # _____ CELL # _____

PLEASE CHOOSE YOUR PAYMENT METHOD BELOW

 AUTOMATICALLY debit my Checking Account or Savings Account every month

I hereby authorize Apex Gymnastics to initiate debit entries from my checking or 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/Check Card/Credit Card every month

I hereby authorize Apex Gymnastics to automatically charge my bank card/debit card/check 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: _____

This is to remain in full force and effect until Apex Gymnastics has received written notification from me of its termination at least 30 days prior to my draft date.

Your account will be drafted on the 1st of each month. If the draft date falls on a Saturday or Sunday, your account will be drafted on the Friday prior to draft date. 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 added to my account.

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

MEMBER SIGNATURE _____ DATE _____

APEX GYMNASTICS

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PLEASE KEEP FOR YOUR RECORDS

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 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 2009-2010 CALENDAR

June 29 – July 5	4 th of July (Closed)
September 5 – 7	Labor Day (Closed)
November 26 - 29	Thanksgiving (Closed)
December 23 – January 3	Christmas / New Years (Closed)
April 2 - 4	Easter (Closed)
May 22 - 23	End of Year Celebration - All recreational class gymnasts will participate in our Annual End of Year Celebration Meet
May 29 - 31	Memorial Day (Closed)