

# VIP Gymnastics Registration (2022-2023)

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred by: \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_ Driver's License # & State \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Doc. # \_\_\_\_\_  
 Health Problems or Special Limitations: \_\_\_\_\_

**Policies:** I understand that it is my responsibility to keep informed about VIP Gymnastics policies. (Subject to change)

**Consent Waiver:** I, the undersigned parent or guardian of the above-named student, do hereby grant authority to the staff of VIP Gymnastics to make a judgement concerning medical aid in the event of an accident or illness during my absence.

**Risk Assumption:** I understand that the activities conducted at VIP Gymnastics involve body movements that can result in accidental physical injury. Sprains, strains, breaks, and other physical injuries can occur without any fault or negligence on the part of VIP Gymnastics or the participant. I fully understand the risk or physical injury to my child and choose to enroll him/her with full knowledge of these risks.

**Liability Waiver:** VIP Gymnastics will conduct classes both inside and outside the facility. I hereby release and hold VIP Gymnastics, employees, and Casey and Angela Boice harmless for any and all injuries to me or my child arising from participation in or observation of an outdoor or indoor class or activity at VIP Gymnastics, whether such injury was caused by the sole negligence, contributory negligence, comparative negligence or gross negligence of VIP Gymnastics, its' employees, and or Casey and Angela Boice.

## VIP GYMNASTICS POLICIES

- Payments: (Monthly) Payments are due on or before the student's first class of the month. Late fee of \$10 will be charged to account if not paid by 20<sup>th</sup> of the month. Returned checks will incur a \$25 fee added onto balance.
- Make-up classes: Students may make-up any classes missed. Please schedule make-ups at front desk, email, or by phone to ensure class ratio. No drop-in make ups please. You cannot use your regular class as a make-up hour.
- Pro-rating: Pro rating of tuition and registration will only be allowed if approved by front desk.
- Registration Fee: Required by all students. Renews annually in August. Pro-rated throughout sessions.
- Refunds: No refunds unless approved by Front Desk.
- Dropping classes: 10-day notice is needed. Please notify front desk in person, email or phone.
- Auto-payment: 10-day notice is needed to cancel an auto payment.

I have read VIP Gymnastics registration form and policies and understand and agree to abide by them.

I agree if VIP Gymnastics needs help in collecting an outstanding balance, costs of collection will be added to balance, and I agree to pay entire amount.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

<b>Registration 2022:</b> Amount _____ Method _____ Date _____	
<b>August 2022-</b> _____	<b>February 2023 -</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____
<b>September 2022-</b> _____	<b>March 2023 -</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____
<b>October 2022 -</b> _____	<b>April 2023-</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____
<b>November 2022-</b> _____	<b>May 2023-</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____
<b>December 2022 -</b> _____	<b>June 2023-</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____
<b>January 2023 -</b> _____	<b>July 2023-</b> _____
Amount _____ Method _____ Date _____	Amount _____ Method _____ Date _____