

ALHAMBRA REGISTRATION FORM

Please print or write legibly **STUDENT Information**

First child: Start month _____ Yr _____
Last Name: _____ First Name: _____
Age _____ Sex _____ Allergies _____ Date of birth _____

FOR OFFICE USE: Class _____ Day _____ Time _____ RESTART _____ OR NEW _____
Pay method: cash _____ credit _____ check _____ Items & \$ pd _____

Second child: Start month _____ Yr _____
Last Name: _____ First Name: _____
Age _____ Sex _____ Allergies _____ Date of birth _____

FOR OFFICE USE: Class _____ Day _____ Time _____ RESTART _____ OR NEW _____
Pay method: cash _____ credit _____ check _____ Items & \$ pd _____

PARENT Information

Mother's Name: _____ Father's Name: _____
Address: _____
City: _____ Zip code: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone _____
E-Mail _____

Acknowledgment of Risk and Waiver of Liability

As legal guardian of _____ I hereby consent to the aforementioned person participating in Payke Gymnastics Academy programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics and related activities involving tumbling and trampoline. I understand that it is the express intent of Payke Gymnastics Academy to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities I hereby forever release Payke Gymnastics Academy, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Payke Gymnastics Academy.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for Payke Gymnastics Academy. We do provide a secondary insurance.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or legal guardian's signature

Date

Permission to Treat (Optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

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Parent or legal guardian's signature

Date

PAYKE GYMNASTICS ACADEMY POLICIES & PROCEDURES

PAYMENT OPTIONS

Monthly Plan

1. Tuition is paid monthly
2. Monthly payments are due in advance for the next month of classes on the last class of the current month.
3. Invoices are sent about the 20th of the current month and are due by the 1st of the next.
2. Tuition is based on 4 weeks per month regardless of the number of class days in the month.

Late Fees: Any payments received after the 1st class of the new month will be charged a \$10 late fee.

Other Fees: Returned checks will be assessed a fee of \$15 to cover bank charges and handling.

AUTOMATIC PAYMENTS

1. Electronic Fund Transfers are available taken from your credit card account.
2. Tuition agreements for automatic payments may be picked up at the desk explaining the policies.
3. All changes must be in writing and notices given in advance for changes or cancellations.

REFUND POLICY and MAKE-UP POLICY:

Monthly Plan: There are absolutely no refunds after the first day of class.

Make-up Policy: As a courtesy, makeup classes are available when scheduled two days in advance.

Each student may makeup missed classes during the current month and/or the month following provided the student is enrolled in classes at the time of the makeup class. If a makeup class is not scheduled in advance the child may be allowed to participate only if the class is not already full. Any scheduled makeup class that is missed is forfeited.

PRORATE POLICY:

1. Tuition will be prorated the first month for new students only.
2. If your child is unable to attend 3 or more classes in a month due to injury or illness, you may request that the classes missed be credited to a later date. **This request must be made prior to the missed class(es) in writing.(An email sent to paykegym@gmail.com is sufficient).** Classes missed without prior, written notification will not be eligible for prorated. This is because the number of coaches present is dependent on the number of students enrolled. When an enrolled student misses a class without prior notification, we are unable to adjust our staff schedules appropriately. Therefore, if advanced notice is not given in writing you will forfeit the prorated offer. Upon return with a doctor's note, you will be prorated in the appropriate amount for the next month of classes.

MEMBERSHIP FEE:

1. A \$40 annual membership fee is due at the time of registration and annually thereafter.
2. A discounted rate of \$25 will apply to all siblings.

TEAM TUITION: Team tuition is due all 12 months. No vacation discounts apply. No exceptions.

SIBLING DISCOUNTS:

All siblings of currently enrolled students will receive a \$5/month discount from their tuition payment.

I HAVE READ AND AGREE WITH THESE POLICIES: _____

Parent or Legal Guardian Signature

Date

How did you learn about Payke Gymnastics Academy? _____

For Office use: Record book _____ Class Schedule _____ Attendance sheet _____ QB entry _____