



The Infinity Gymnastics Coaches want to thank you for all your support. We are very proud of our program. We hope your children enjoy the program and accomplishing their goals. As always let us know if we can be of any service.

Infinity Gymnastics Club is a school year program with monthly tuition payments (Sept.-May.) and /or 12 weeks of Summer Gymnastics (June, July & August).

REGISTRATION: Parents must complete a current Registration Form, sign a payment record and agreement.

ENROLLMENT FEE: \$50.00. All students are required to pay a one time yearly fee at the time of enrollment. This fee is a non-refundable fee and covers the cost of opening and maintaining your account for the year. The fee covers students from the start of instruction until September 1 of the following year. (The enrollment fee for the summer sessions is \$15.00 for new students.)

INITIAL PAYMENT: The initial payment includes the enrollment fee and the first month's tuition plus an additional month's tuition for security deposit.(cash or check)

TUITION: Write students first and last name on all payments. **Payments will be withdrawal through electronic billing.** This is a secure method of processing your tuition. The electronic billing is provided by West Star Bank. **It is still mandatory if you cancel enrollment, that you also submit the 30-day Cancellation Notice in order to stop the bank withdrawal process.** There will be a \$30.00 fee on all returned checks/ Bank Funds in addition a \$10.00 late fee (\$40.00 Total). Any student with an account past due after the 10th of the month will not be allowed to participate in class. If student arrives at the gym a parent will be called. Tuition is paid by calendar month. **If a students starts a class before the 15th of the month a full month tuition is required.** After the 15th of the month, one-half of the tuition is required. A gymnastics month is 3-5 weeks. Because of holidays, some months are shorter, however we do not charge you extra for long months.

THERE WILL BE NO REFUNDS OR ADJUSTMENTS FOR ABSENCES, VACATIONS, HOLIDAYS, ETC. (IF YOU DO NOT AGREE WITH THIS POLICY, PLEASE DO NOT ENROLL YOUR CHILD IN OUR PROGRAM)

PLEASE KEEP YOUR CHILD'S TUITION CURRENT!

ATTENDANCE: Your child is expected to attend the class in which he or she is assigned. If your child **MUST** be absent for **ANY** reason, please notify the office as soon as possible, prior to your scheduled class. The monthly fee is the same regardless if your child attends all classes.

This is in order to teach on an individual basis and guarantee and 8:1 student-teacher ratio.

SEASON _____	
	STUDENT LAST NAME
	FIRST
	BIRTH
	AGE
	CLASS
	DAY
	TIME

MAKE-UP CLASSES: Twice a month for ILLNESS ONLY (no extra charge). Please schedule these THROUGH THE OFFICE.

All make up classes must be scheduled within 30 days of absence.

FAMILY DISCOUNT: Families with more than one student in the program will receive a \$5.00 discount on the tuition for a second or third student. As well as the enrollment fee, IGC will not charge you the fee after the third student. This discount will only apply to students who are brothers and sisters. We will take only one payment per month for the entire family.

OPEN GYM: Open Gym is supervised unstructured time that allows extra practice and recreational time for members and their friends.

Cost: Time: 1pm-3pm (Saturdays)

Infinity Members: \$5.00 Non-Members: \$8.00

*With a signed release form from the parent

PRIVATE LESSONS: Benefits all levels of gymnastics. Call the office for fee and to arrange times.

You must be an active Infinity Member.

HOLIDAYS: There will be no make up classes for Holidays

GYM RULES:

No gum chewing.

Hair should be pulled back (girls & boys)

Gymnastics clothes should be worn. No tights with feet in them.

No food or drinks in the gym.

PARENT/COACH COMMUNICATION: Please remember that to provide quality educational experience, coaches need to give their full attention to the children. If you wish to talk at length to the coach on the phone, or in person, please give your name, phone number, questions and concerns, to the secretary or leave a note in the drop box. One of the staff members will get back to you as soon as possible.

SPRING SHOW: The highlight of the Gymnastics year is the Spring Show at the end of May. Special Gymnastics uniforms are ordered in March. The full price of the uniform will be due by March 15.

Please pick up students on time:

IGC is not responsible for students left without proper supervision. For safety reasons, parents need to be waiting in the lobby for their child. Please be here and waiting 15 minutes prior to the end of your child's class. We do not have the staff on hand to watch your child after class ends. Thank you for your assistance in this matter.

The security door between the lobby and corridor leading to the gym. This is for security purposes. Only students will be allowed beyond this door. If you need to use the restroom facilities the office staff will buzz you through. You will still be able to view your child from the lobby windows. We apologize for the inconvenience however, it is necessary security measure. Thank you for understanding.

PARTICIPATION RELEASE	PERMISSION FOR MEDICAL TREATMENT
<p>We the undersigned parents of _____ Permit the above named student(s) to participate in the following described program(s):</p> <p style="text-align: center;">GYMNASTICS</p> <p>In and for consideration of the granting of permission for said student to participate in this program and the benefits to be derived. Therefore we hereby assume full responsibility for said student's personal safety and release all supervisors and instructors harmless from all claims arising from any injury that may occur to said student by reason of said student's participation in the above program. The risk involved in respect to such a program are fully understood.</p> <p>Executed this _____ day of _____, 20 ____</p> <p>Parent/Guardian Signature: _____</p>	<p>I, _____ Authorize the necessary steps regarding medical attention (i.e first aid, calling ambulance services or transportation to be admitted to the hospital) and allow authorized hospital faculty and staff to treat my child for any illness or injury he/she has.</p> <p>Parent/guardian: _____ Date: _____</p> <p>Doctor's Name: _____</p> <p>Phone: _____</p> <p>Insurance Co. _____ Policy No. _____</p> <p>Past injuries or special information we should know about:</p> <p>_____</p> <p>_____</p> <p>_____</p>

IGC is obtaining permission to photograph or videotape your child while participating in practices, competitions or any other events involving **IGC**. These photos will be used in flyers, brochures or for display at the gym. These photos or videos will not be distributed otherwise without the express written consent of the parent or guardian.

Do you consent to **IGC** photographing or videotaping your child. **Yes / No (CIRCLE ONE)**

Parent/Guardian print name: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Authorization Agreement for Electronic Debits/Withdrawals (ACH Debits)
Infinity Gymnastics Club

I, _____, **HEREBY AUTHORIZE INFINITY GYMNASTICS CLUB**, herein after called **IGC**, to initiate a debit withdrawal and to initiate, if necessary, credit entries and adjustments for any debit withdrawals in error to my bank account indicated below and the bank depository named below, hereinafter called **DEPOSITORY**, to debit and/or credit the same to such account.

BANK NAME: _____

BANK ROUTING / ABA# _____

SELECT TYPE OF ACCOUNT: () CHECKING OR () SAVINGS

BANK ACCOUNT NUMBER# _____

AMOUNT \$ _____ DEBIT THE 3 OF EACH MONTH OR NEXT BUSINESS DATE FOR TUITION FOR MY CHILD TO PARTICIPATE IN GYMNASTICS, TUMBLING, ETC....

This authorization is to remain in full force and in effect until **IGC** and the bank to act on the termination notification

Parents Name: _____ Students Name _____

Parents Signature: _____ Date: _____

DROP OUT POLICY: When you enroll at Infinity Gymnastics Club, you are enrolling for the entire school year (Sept.-May) and/or Summer (June-July-August). If you decide to drop please notify us in writing 30 days in advance. We reserve your child's time in the class. We have a waiting list to fill that spot, it is your responsibility to inform us if you decide to drop. We appreciate your assistance with this matter.

If you fail to notify us, you will be billed for one month after your child's last day of attendance and your account with **IGC** will be closed. If you decide to bring your child back you will be obligated to pay the enrollment fee again.

Parent/Guardian Signature: _____ Date: _____

STUDENT LAST NAME	FIRST NAME

PARENTS DRIVER LICENSE _____ EXP/DATE _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-mail: _____ HOME PHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____ CELL: _____

MOTHER'S NAME: _____ WORK PHONE: _____ CELL: _____

PERSON TO CONTACT IN EMERGENCY IF YOU CANNOT BE LOCATED
CONTACT PERSON: _____ PHONE: _____ CELL: _____

MONTH	ADDITIONAL CLASS (S)	REGISTRATION or ADDITIONAL FEES	LATE FEE	AMT PAID	DATE PAID	NOTES
ENROLL						
SEPT.						
OCT.						
NOV.						
DEC.						
JAN.						
FEB.						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUG.						
DEPOSIT						

30-DAY NOTIFICATION WITHDRAWAL NOTICE
I, _____ parent of _____ who attends class of: _____ Day: _____ Time: _____
I'm officially providing INFINITY GYMNASTICS CLUB my 30-day notification of my child's withdrawal from their scheduled class. My child's last day attending classes will be _____ 20 _____
PLEASE SELECT REASON FOR WITHDRAWAL:
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY <input type="checkbox"/> LEAVING TOWN <input type="checkbox"/> FINANCIAL REASONS <input type="checkbox"/> CONFLICT WITH OTHER ACTIVITIES <input type="checkbox"/> OTHERS
Parent/Guardian Signature: _____ Date: _____