

FEES/DISCOUNTS:

2nd class = \$10 off

Siblings = \$10 off

Military (with valid military ID) \$10 off

May not use all discounts.

45 minute Class= \$55

1 hour Class = \$65 month Team

Prices Vary

REGISTRATION FORM

INDIANA GYMNASTICS CENTER
1130 Eastview Drive Franklin, IN 46131
317-736-7895

Recommended Class

CLASS: _____

DAY: _____ TIME: _____

COST: _____ + Reg.: _____

TOTAL: _____ PAID: _____

REGISTRATION FEE = \$40 per child or \$60 per family.

GYMNAST INFO

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY/ZIP: _____

AGE: _____ DOB: _____ GENDER: _____ MEDICAL ALERTS: _____

****Please be sure to dress appropriately for class (form-fitting clothing, NO jewelry, drawstrings, buttons, zippers or skirts)****

PARENT/GUARDIAN INFORMATION:

(This is the Responsible Party in regards to payments)

Name: _____ Relation: _____ Name: _____ Relation: _____

Email: _____ Email: _____

**Notifications are sent via e-mail. Please provide us with a valid e-mail.*

Address: _____ Address: _____

City/ZIP: _____ City/ZIP: _____

Cell: _____ Home: _____ Cell: _____ Home: _____

Work: _____ Work: _____

EMERGENCY INFORMATION

In case of an emergency IGC needs a few people to contact if you cannot be reached.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

INFORMED CONSENT FORM

I hereby give my permission for _____ (*child's name*) to participate at INDIANA GYMNASTICS CENTER during the 2016-2017 season. Further, I authorize the center to provide emergency treatment of an injury to my child if qualified medical personnel consider treatment necessary. This authorization is granted ONLY if I cannot be reached. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I, along with my child, assume all risks associated with this sport, including, but not limited to, serious injury and/or death.

X _____
Parent/Guardian Signature

Date

CONTRACT: CLASS FEES and CHARGES

This section covers our payment policy. Please read carefully. **By initialing each line you are committing to a contract.**

If you have any questions concerning the statements below, now is the time to ask.

Initial each line.

Pertaining to class fees: I understand...

_____ Recreational class fees are \$65 a month for 1 hour and \$55 for 45 minute a week. Team prices vary. Tuition is based on a 4 week schedule. This allows a 5th free week that helps with holiday closings in which classes may only meet for 2 or 3 weeks in one month. **Class fees will NOT be pro-rated due to holiday closings.**

_____ APPROPRIATE ATTIRE IS REQUIRED. Students wearing inappropriate attire may be asked to change.

_____ When I make a Tuition payment for class, I am paying to keep a spot open for my child. If I fail to pay within 2 weeks of the past due date, my child may lose his/her spot to a child on the waiting list. I will still be charged for the month even if my spot is given to another child.

_____ IGC accepts cash, check or credit card, (Visa, MasterCard, Discover, American Express) for Tuition and Competition Account payments.

_____ Tuition fees are due on or before the 1st of each month. A late fee of \$10 is assessed on the 2nd of each month. If you choose to stop attending class without notifying IGC, you will still be charged for that month's tuition. Tuition may be extended in the event of a holiday closing. It is best to pay your child's next month's tuition at the last class/practice of the current month.

_____ After I make a payment to IGC, there will be **no refunds** even if I decide to leave the program at any time during the month, or if I choose to miss class and not make it up. This also applies if my child becomes sick or injured after a payment has been made and misses class.

_____ I understand a payment is to be paid on or before the 1st of every month regardless if my child is absent the week payment is due. If my child is no longer attending IGC, a **drop form** must be filled out and given to the office manager or a drop notice entered on the parent portal on or before the 1st of the month, or I will be charged for the months' class and expected to pay.

_____ I am responsible for paying my child's spot in class by the 1st of each month by putting cash, (in a cash only envelope properly marked), or a check into the BLACK MAIL BOX located to the left of the office window. You can also pay by credit card at the office window. IGC is not responsible for payments turned in by minors or placed on the office desk.

_____ If a payment has not been made on or before the 1st of the month; my child will not be allowed to participate in class until full payment is made. Make-up classes will not be permitted for missed classes due to non-payment. It is also possible for my child to lose his or her spot in a class if a payment isn't made. I will still be charged for the month. My child will not be permitted to re-enroll if a spot opens up unless my missed payment is paid in full.

_____ I am responsible for all fees associated with collection of debt including court costs, collection attempts, and legal fees for Indiana Gymnastics Center in order to obtain my contracted payment.

_____ There is a \$20 returned check fee on nonsufficient check returns. After the second occurrence, IGC will only accept cash, cashiers' checks, or money orders for my account for up to 6-12 months. A credit card may also be used.

Leaving the program/class or being absent from class: I understand...

_____ Make up classes are offered to recreational students who miss a day of class. It is my responsibility to call or email the gym **before class starts** if my child is going to miss class. *(If you call the gym to report an absence please be sure to get the name of the staff member you spoke with.)*
NO CALL/EMAIL= NO MAKE-UP! Email or phone message is the best way to communicate an absence.

_____ It is my responsibility to schedule and bring my child for a make-up class. There can be only ONE make-up per month.

_____ Notifications about closings, tuition, etc... are sent via e-mail. If an e-mail isn't provided, you will NOT receive these notifications/reminders.

_____ I must have my child's make up class done within one month of an absence, unless otherwise permitted by staff.

_____ If I decide to leave the program at IGC, I must notify the gym by filling out the **drop form** and giving it to a staff member in the office **BEFORE THE 1ST OF THE MONTH** or I will be charged for the month.

_____ If I choose to leave the program at any time during the month for any reason, my tuition fee will not be returned.

_____ Class times and dates may change based on coach schedules and class participation.

_____ IGC closes for holidays and breaks. **There are NO make ups for a holiday/break closing.** Class fees will NOT be pro-rated due to holiday closings. Email reminders about holiday closures will be sent.

I understand all of the above and have had the opportunity to ask questions.

Please ask for a blank copy of this contract for your files at home.

Signature: _____ Date: _____ IGC Employee Witness Initials: _____