

**FEES/DISCOUNTS:**

2<sup>nd</sup> class = \$10 off

Siblings = \$10 off

Military (with valid military ID) \$10 off

**May not use all discounts.**

**45 minute Class= \$58**

**1 hour Class = \$68 month**

Team Prices Vary

# REGISTRATION FORM

INDIANA GYMNASTICS CENTER  
505 Pushville Rd., Greenwood, IN 46143  
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. 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 \$68 a month for 1 hour and \$58 for 45 minute a week. Team prices vary. Tuition is based on a 4 week schedule. This allows 4 weeks out of the year to help with holiday closings in which classes may only meet for 2 or 3 weeks in one month. **Class fees will NOT be prorated 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 1<sup>st</sup> of each month. A late fee of \$10 is assessed on the 2<sup>nd</sup> 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 1<sup>st</sup> 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 before the 1<sup>st</sup> of the month, or I will be charged for the months' class and expected to pay. There is a \$20 fee for not turning in a Drop Notice.

\_\_\_\_\_ I am responsible for paying for my child's spot in class by the 1<sup>st</sup> of each month. Payments can be made with the front office using cash, check or card or online through my Parent Portal account. 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 1<sup>st</sup> 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.

\_\_\_\_\_ If no Drop Notice is given, my child has not come to class, and I have not made any payments my child will automatically be dropped from class. I am still responsible for paying that months tuition and the \$20 fee for not turning in a Drop Notice.

**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: \_\_\_\_\_