

Eclipse Gymnastics

Today's Date: _____ New Registration Membership Renewal Change of Info

Child's Name: _____ DOB: _____ Gender: M / F

Child's Name: _____ DOB: _____ Gender: M / F

Child's Name: _____ DOB: _____ Gender: M / F

Child's Name: _____ DOB: _____ Gender: M / F

Parent / Guardian Name: _____

Email Address: _____

Phone: () _____ - _____ Alt. Phone: () _____ - _____

Parent / Guardian Name: _____

Email Address: _____

Phone: () _____ - _____ Alt. Phone: () _____ - _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____ Emergency Phone: : () _____ - _____

Primary Insurance Company: _____ Policy No.: _____

Medical Alert / Allergies / Physical Limitations: _____

Office Use Only

Child: _____ Class Code(s): _____ Monthly Tuition Rate: \$ _____ Trial Date: _____

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Child: _____ Class Code(s): _____ Monthly Tuition Rate: \$ _____ Trial Date: _____

Start Date: _____ Annual Family Membership Fee: \$ 50.00 Total Tuition: \$ _____ Due At Registration: \$ _____

Release of Liability Form Consent to Photograph / Media Release CC Authorization Operating Procedures

Eclipse Gymnastics

Operating Procedures

_____ There is an Annual Family Membership fee of \$50.00 due at time of registration which covers enrollment processing. This fee is charged per household. This fee is non-refundable. **This fee will be charged EACH YEAR on the Anniversary Month of enrollment.**

_____ Monthly Tuition is based on a 4-week month, with the anticipation that your child will remain enrolled throughout the course of the year. We do not charge extra for a month that may have a 5th class due to the way the dates fall, nor will refunds, credits or adjustments be given for the rare times when a month may only have 3 classes due to holiday or special event.

_____ All Eclipse Gymnastics Students must have a valid CC on file to guarantee class enrollment. Monthly Tuition is billed on the 20th of each month for the following month. Tuition will be charged on the 25th day of the month for the upcoming month, unless already paid in person. If your card is declined, you child will be automatically dropped from his/her class. A reinstatement service fee of \$15.00 may be charged. Tuition is non-refundable, and we do not allow prorated tuition for missed classes, or early drops.

_____ **If you choose to discontinue classes for your student, you must complete a Drop Notice at least 15 days for Academy Classes, and 30 Day Notice for Competition Team Members at the front desk prior to the end of the month to ensure proper discontinuation, and avoid being charged for the upcoming month. Should you fail to meet the deadline requirement, you will be responsible for the next month's tuition.**

_____ All Children must be picked up inside the gym, regardless of age. No child will be allowed to leave the facility unattended.

_____ Please make sure to have your child arrive 5-10 prior to the start of class to adhere to the proper warm-up routine, and to avoid distracting other students with late arrival.

_____ Proper Attire is necessary to promote safety for both athlete and coach. No buckles, zippers or snaps. No denim. No jewelry of any kind other than small stud earrings. No socks.

Girls: Recommended attire should consist of a Leotard, or fitted shorts / pants, with a shirt securely fastened. No bare midriffs or exposed undergarments. Hair must be securely pulled back away from face and eyes.

Boys: T-shirts tucked in, with shorts or sweatpants. No pockets. If long hair, please secure away from face and eyes.

_____ Please make sure to use Cubbies for belongings, however, leave all valuables at home.

_____ No Food or Drinks are allowed in the Gym Training area.

_____ Students are to wait for their coach before coming onto the gym floor. Students are not allowed in the gym training area without the proper supervision of a coach. Parents, guests and siblings are not allowed in the gym training area.

_____ Please refrain from talking with your child during a lesson. This is very distracting not only for your athlete, but for all students and coaches, and takes away from the learning process.

_____ Please make sure to wait to talk with your coach until after class is over, or in an email.

By signing below, you acknowledge that you have read and understood the above policies and procedures set forth by Eclipse Gymnastic. Thank you for your cooperation!

Parent / Guardian Signature: _____

Date: _____

Eclipse Gymnastics

Billing Authorization for Tuition

Eclipse Gymnastics requires that all enrolled students have a valid credit card on file in order to participate in our programs. I understand that I must notify Eclipse Gymnastics 15 days prior to the 1st of the month with an Enrollment Drop Form to withdraw my student from classes (30 days when part of the Eclipse Competition Team).

Name of Student(s): _____

Credit Card # ____ / ____ / ____ / ____ Exp. Date: ____ / ____ CVC: ____

Name as it appears on card: _____

Billing Address (If different than above): _____

Phone #: () _____ - _____ Alt. Phone #: () _____ - _____

On the Anniversary Month of Enrollment, the Annual Membership Fee will be due.

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|---|
| Authorization Agreement for Automatic Payment by Credit Card |
|---|

I authorize Eclipse Gymnastics to charge my credit card for payment of my monthly tuition and any other outstanding charges to the credit card listed above, and to charge the same to such account each month until further notice is given.

This authorization is to remain in full force and effect until Eclipse Gymnastics has received written notification using the Enrollment Drop Form of termination of enrollment.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information to be true.

Signature of Cardholder: _____ Printed Name of Cardholder: _____

Date: _____ Email: _____