

2025-2026 Season
REGISTRATION FORM

Gymnastics _____
Tumbling _____
18-36 months _____

Return Student _____
New Student _____

Class Desired
Day _____
Time _____

Student's Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Father's Name _____

Mother's Name _____

Father's Email _____

Mother's Email _____

Father's Cell _____

Mother's Cell _____

PREFERRED NUMBER TO CALL & EMAIL FOR CONTACT _____

Medical Conditions or Allergies _____

Referred By _____

In the event of a medical emergency, I give my permission for emergency medical staff to give my child treatment. YES___ NO___

WAIVER & RELEASE

I am fully aware of, and appreciate the risk; including serious injury, as well as other damages & losses associated with participation in gymnastics & or other activity. I further agree that Joel Baba's School of Gymnastics, INC., along with employees & directors shall not be liable for any losses, injuries, or damages as a result of my child's participation in these events. I am fully aware training will occur during Covid-19. I agree to abide by all rules, procedures and guidelines set by Joel Baba's School of Gymnastics, INC. I agree that my athlete is allowed to be spotted for safety reasons from coaching staff during Covid-19.

PHOTO/VIDEO CONSENT:

I also grant Joel Baba's School of Gymnastics, INC. permission to use photographs and/or video taken of my child during gymnastics or tumbling activities for use in publications, the company website or other forms of social media without notifying me for prior approval.

Tuition: Payment Method: Credit Card Auto Pay _____ *Monthly Self Pay _____

I AGREE TO MAKE MONTHLY TUITION PAYMENTS FOR EACH AND EVERY MONTH IN WHICH MY CHILD ATTENDS GYMNASTICS.

____ (initial here) **TUITION PAYMENTS ARE DUE ON THE 1ST OF THE PRECEDING MONTH. THE GRACE PERIOD IS EXTENDED UNTIL THE 15TH. (TUITION WILL NOT BE PRORATED FOR MISSED CLASSES).**

Make up classes can only be scheduled during a month for which tuition has been paid, once the class is missed.

Make up classes **will not** be carried over in lieu of tuition. I understand that outstanding accounts will be referred to a collection agency after 90 days. Additional charges (collection fees) will be incurred on accounts which are sent to collection agencies. Delinquent accounts will be reported to the Credit Bureau.

***Credit Card Information required.** The account will only be charged in the event that the monthly tuition payment is not made by the 15th of the preceding month. **(A \$5 processing fee will be added to your charge after the 15th). If a charge is declined or cannot be processed, a \$20 late fee will be added to your account. Late fees will be strictly enforced.**

Date: _____

Parent Printed Name: _____

Parent Signature: _____