

ACEDAYTONA

G Y M N A S T I C S

Recreational Gymnastics Registration Form 2018-2019

Student Information			
Name:	Sex:	Age:	DOB: _____/_____/_____
Name:	Sex:	Age:	DOB: _____/_____/_____
Name:	Sex:	Age:	DOB: _____/_____/_____
Address:	City:	ST:	Zip:
Mother's Name:	Father's Name:	School/Grade:	
Mother's Cell Ph: _____	Can Text <input type="checkbox"/>	Mother's Work Ph: _____	E-mail Address: _____
Father's Cell Ph: _____	Can Text <input type="checkbox"/>	Father's Work Ph: _____	E-mail Address: _____
Alternative Contact #1:	Emergency Ph: _____		
Alternative Contact #2:	Emergency Ph: _____		
<input type="checkbox"/> Check if Custody Issues Custodial Parent: _____			
<input type="checkbox"/> Check if there are Medical /Allergies Conditions to which we should be alerted.			
Medical /Allergies Conditions _____			
I understand that it is the intent of Ace Gymnastics to provide for the safety and protection of my child therefore, if I am not available, I authorize ACE and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.			
_____ <i>Signature of Parent/or Legal Guardian</i>		_____ <i>Date</i>	
Selected Classes			
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Payment Information <input checked="" type="checkbox"/> check payment method			
Annual Registration Fee (<i>prorated quarterly</i>)			\$ _____
<input type="checkbox"/> Monthly Self-Pay due on 1 st (\$10 late fee after the 5 th)			\$ _____
<input type="checkbox"/> Quarterly Payment Plan (5% Discount)			\$ _____
<input type="checkbox"/> Automatic Checking Account Payment <input type="checkbox"/> Completed authorization agreement \$ _____ monthly			
FOR OFFICE USE—Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____			Total \$ _____
CREDIT CARD ON FILE REQUIRED GUARANTEED FORM OF PAYMENT.*			
*charged to account only if payment is not received on or before the 5th of each month – additional \$1.50 will be charged to run your card not present			
Card Holder Name:		Card Type: _____	
Credit Card #:		Expiration Date: _____	CVV: _____
Billing Address & Zip Code (if different from Client): _____			
ACH BANK INFORMATION			
Bank Routing Number: _____			
Bank Account Number: _____			
I fully understand the Ace Daytona Gymnastics tuition payment policies of which I am in receipt. In the event that my account is past due, I authorize Ace Daytona Gymnastics to charge the credit card/ACH account indicated above to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 5 th of each month. I understand the charges applied to my credit card/ACH account will include a \$10.00 late fee and a \$1.50 processing fee (for cards only) as specified in the payment policies.			
I am aware that check payments or automatic checking account debit transactions with insufficient funds will result in a \$35 returned check fee to cover bank penalty charges plus any additional fees. Returned checks or insufficient bank fund debits exceeding two instances will result in suspension of my check writing privileges/automatic checking account agreement.			
Ace Daytona Gymnastics requires a "30-Day Written Drop Notice" which is strictly enforced. You are responsible for the tuition due for the 30 days after your signed letter is submitted to the front desk. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.			
I understand that if my account is "60 Days Past Due" it will be filed with the Credit Bureau. I also understand that I am responsible for any fees incurred in the process of collection.			
_____ <i>Signature of Parent/or Legal Guardian</i>		_____ <i>Date</i>	

<p style="text-align: center;">MONTHLY TUITION & REGISTRATION</p> <p>30 min. - \$46.20 45 min. - \$64.05 55 min. - \$78.75 85 min. - \$110.25 2 hours - \$130.25 3 hours - \$187.95</p> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p>All students are required to register each August. The annual registration fee is \$52 per child or \$77 per family.</p> <p style="text-align: center;"><i>Sibling tuition discount of \$10 per month for subsequent siblings.</i></p> </div> <p style="text-align: center;">CLASS MAKE UP</p> <p>Lesson plans for your child's gymnastics classes are specifically designated for individual progress and development. We strongly urge you to attend your regularly scheduled class. However, we understand that there are times where absence is unavoidable. For those times we offer pre-designated make up classes. Sign up for these classes at the front desk.</p> <p><input type="checkbox"/> All Make-Up Classes must be made up within 1 month of the missed class.</p> <p style="text-align: center;">TRANSFERS CLASS</p> <p>You may transfer to another class at any time, provided there is an opening in another class at the appropriate level for your child. See the front desk for the transfer form and class availability.</p> <p>Mobility into a more advanced instructional class is by coach's invitation only. We reserve the right to combine or cancel any class with less than 4 students.</p> <p style="text-align: center;">PRIVATE LESSONS</p> <p>A number of Ace Daytona Gymnastics coaches offer private lessons. Contact the front desk to schedule lessons. Time and dates depends solely on each coach's availability. If you are not already a member of Ace Daytona Gymnastics, registration will be required.</p> <p style="text-align: center;">Cost: \$50.00 per hour \$30.00 per ½ hour</p> <p style="text-align: center;">PHOTO WAIVER</p> <p>I give my permission to Ace Daytona Gymnastics to use, without limitations or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purposes of promoting or interpreting Ace Daytona Gymnastics programs.</p> <p>_____</p> <p>Signature</p>	<p style="text-align: center;">TUITION PAYMENT POLICIES</p> <p><input type="checkbox"/> I understand that tuition is due on the 1st of each month. I also understand that a \$10 Late Fee will be charged to my account if tuition is paid after the 5th of the month.</p> <p><input type="checkbox"/> I understand that registration and monthly tuition are non-refundable.</p> <p><input type="checkbox"/> I understand that tuition will only be prorated the month of registration and the month you drop if applicable. No other months will be prorated. I understand that Ace Daytona Gymnastics classes are year round.</p> <p><input type="checkbox"/> I understand that my credit card will be charged for any unpaid balances on the 5th of the month.</p> <p><input type="checkbox"/> I understand that check payments or automatic checking account debit transactions with insufficient funds will result in a \$35 returned check fee to cover bank penalty charges plus any additional fees. Returned checks or insufficient bank fund debits exceeding two instances will result in suspension of check writing privileges/automatic checking account agreement.</p> <p><input type="checkbox"/> I understand that a "30-Day Written Drop Notice" is required to drop from class. Your final day of class will be 30 days from the date you submit your signed drop notice. Your final month will be prorated if applicable.</p>
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RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in TUMBLING SALTO GYMNASTICS DBA ACE DAYTONA GYMNASTICS, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue TUMBLING SALTO GYMNASTICS DBA ACE DAYTONA GYMNASTICS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the "RELEASEES" I will indemnify, save, and hold harmless each of the "RELEASEES" from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allows by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Student DOB: _____

Signature of Participant

Date : _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "RELEASEES" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above "RELEASEES". I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "RELEASEES" from any litigation expenses, attorney fees, loss liability, damage, or cost any "RELEASEES" may incur as the result of any such claim.

Printed Name of Parent and/or Legal Guardian

Date: _____

Signature of Parent and/or Legal Guardian