

CLASS REGISTRATION



To process class enrollment please complete, initial, and sign all sections

Student Name : Date of Birth : / /
(MM/DD/YYYY)

Home Street Address :

Town/City : State : Zip :

Previous Experience :

Does this student have a physical or mental illness/disability we should know about? : ☐ Yes ☐ No

If yes, please describe :

*Attach additional pages/documents if needed

Parent/Guardian Name : Cell # :

Email : Alt. Phone :

*By providing your email you agree to receive occasional emails from TCG.

Parent/Guardian Name : Cell # :

Email : Alt. Phone :

*By providing your email you agree to receive occasional emails from TCG.

Monthly Tuition :

*Due by the 2nd of each month

Automatic Draft : ☐ Yes ☐ No

*Drafted monthly on the 2nd

Emergency Contact

Emergency Contact Name :

*Must be different from the parent/guardians listed above.

Relationship to Student :

Cell Phone # : Alt. Phone :

Please read, initial each, and sign after the following agreements:

I agree to pay to Tri-County Gymnastics the above tuition payment amount by the 2nd of each month. I recognize that if payment is not received, TCG reserves the right to charge a late fee of \$5 per every 15 days late.

Parent/Guardian Initial :

To withdraw from a class, a TCG Withdrawal Form must be completed and submitted. TCG requires at least 2-weeks notice for a class withdrawal, and I understand that I will be billed and charged for the full 2-weeks from the date TCG receives my completed withdrawal form. Failure to provide sufficient written notification will result in my account being billed in full the following month. In the case that a class is dropped mid-month/session, tuition may be pro-rated at the discretion of Tri-County Gymnastics.

Parent/Guardian Initial :

I consent to have the above named student participate in the programs offered by Tri-County Gymnastics. I, my executors, or other representatives waive and release all rights and claims for damages that I, or my child (named student), may have against the staff, or its representatives (paid or volunteer). Realizing that the staff members are not medical practitioners of any kind, I also consent to allow the staff or its representatives to render temporary first aid in the event of injury or illness, and to seek medical help, including transportation to a health facility or hospital if deemed necessary. I understand that it is the parent's responsibility to warn about the dangers of gymnastics. TCG will only warn the child through "Safety Messages," posters, our teaching style, and progressions.

Parent/Guardian Initial :

By my signature, I acknowledge that I have read, understand, and agree to abide by the policies and procedures of Tri-County Gymnastics.

Parent/Guardian Signature :

Date :

TCG Office Use Only :

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Payment Options

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Late Fee Info

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Calendar

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Pro-rated \$

☐

Make-up Policy

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iClass Policies

☐

Monthly \$

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Withdrawal Policy

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Subscribe emails

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Tuition Due - 2nd

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Rules & Policies

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Waitlist Follow-up