

ALL AMERICAN GYMNASTICS ANNUAL REGISTRATION FORM

Registration Date: _____

All families must pay a \$25.00 Annual Registration Fee before beginning any class. A \$25.00 Annual Fee will then be charged on the anniversary date of your family's registration. Also, the Registration Form and Rules sheet must be filled out and signed by a parent before the student will be allowed to participate. If applicable, tuition will be pro-rated, for the initial enrollment month only. Periodic class testing will take place in each class and advancements are done on an individual basis. Your student will not have to wait for the rest of the class to move up.

It is the parent's responsibility to update the office records with current phone numbers, emergency contact information and new addresses. It is also the parent's responsibility to check with the front office for tuition increases due to class change and/or advancements.

TUITION: The Standard Rate and the Early-Bird Discount price covers 4 weeks of lessons (see our AAG yearly Tuition Calendar). To receive the Discount Rate, tuition must be in our office by the 15th of each month for the next 4-week session. Please make your check out to ALL AMERICAN GYMNASTICS and give it to the secretaries at the Front Desk. Please write the name(s) of your gymnast(s) on your check. **There is a \$25.00 charge for returned checks.**

Payment Options: (Please check your preference)

- **AutoPay:** Your credit card will be charged the Early Bird Rate on the 15th of the preceding month. If the 15th falls on a weekend your card will be charged on the business day preceding that weekend. **You must fill out an Autopay Authorization Form.** It is your responsibility to let us know if your credit card or expiration date changes. If your credit card is denied for any reason, your autopay will be cancelled. If you decide to cancel your Autopay at anytime you must notify AAG in **WRITING** before the 10th of the month.
- **Monthly Billing:** Payment is due by the 15th of the preceding month. Payments received after the 15th of the month will be charged at the Standard Rate a billing fee will also be added. If the 15th falls on a Sunday your tuition is due by Saturday the 14th. If your tuition payment is made in cash, it is the parent's responsibility to obtain a receipt from the secretary. Do not leave the Front Office without a receipt.

PAYING by the LESSON: Our monthly rates are set to give our customers a reasonable price on a monthly basis. If you would prefer to pay by the lesson, rather than by our monthly rate, the price is \$20.00 an hour. Paying by the lesson will NOT guarantee you a spot in the class and your child will not be on a class roll. We realize that vacations, etc. come up but our lessons and our books are set up on a monthly basis, so our enrollment is on a monthly basis. If you miss a class, you have 30 days to make-up the missed class in Open Gym (for ages 5-21 years). You must call ahead by Friday to arrange your child's participation for Open Gym. Make-ups will not be carried past 30 days. Gym Romper class absences are allowed to be made up in the designated Gym Romper Make-Up Class. This Make-Up Class is offered each month and must be scheduled ahead of time.

Private Lessons: Any gymnast at AAG can take private lessons in gymnastics or tumbling, with an approved instructor. Private Lessons are arranged and scheduled with the Front Office Staff. Private lessons are usually one hour. If you are not currently registered in a class at AAG, there is a \$25 Annual Registration Fee due before the first private lesson. *An Annual Registration Form must be completed by all students not currently taking classes at AAG before the first private lesson.

STUDENTS WITH AN OUTSTANDING BALANCE WILL NOT BE ALLOWED TO PARTICIPATE

PAST DUE TUITION:

- A. Tuition is considered Past Due after the 15th of each month and the Standard Rate applies.
- B. There will be a \$5.00 service charge for each bill mailed regarding balances due.
- C. Interest at the rate of 18% per annum will be charged on accounts that are 30 days past due.
- D. If the account becomes delinquent, you agree to pay interest, court costs, attorney's fees, and all collection agency costs at an additional 40%.

I have read and agree to the above Rules and Policies in regards to make-ups and past due payments.

SIGNATURE _____

DATE _____

DROP/REFUND POLICY
MUST BE SUBMITTED IN WRITING

2 Week Notice & Refunds: I understand that a **Written, Paid 2 Week Notice** is required to drop my student from his/her classes (This 2 Week Notice corresponds to the AAG Tuition Calendar and does not include holidays). Written Notice must be handed to the Front Office Staff. It can also be faxed or emailed. Verbal drop notices to coaches or via phone will not be accepted. **Informing the coach does not constitute “notice”. We do not give refunds.**

ADVANCED/TEAM STUDENT DROP/REFUND POLICY

A withdrawal or a change from a Team, Advanced Team, or Level 4 Recreational class requires a 4 Week Written Paid Notice (This 4 Week Notice corresponds to the AAG Tuition Calendar and does not include holidays). Withdrawals or changes from class or Advanced or Team hours **MUST BE SUBMITTED IN WRITING** to the Front Office. Notice can also be faxed or emailed. Verbal drop notices to coaches or via phone will not be accepted. **Informing the coach does not constitute “notice”. We do not give refunds.**

I have read and understand the Drop/Refund Policy

SIGNATURE _____ **DATE** _____

GYMNAST/TUMBLING WORKOUT APPAREL Workout apparel for girls consists of a clean, gymnastics leotard. You can purchase leotards in our Front Office. Boys should wear clean T-shirts and shorts without zippers or belts. Socks are optional for both boys and girls.

- Jewelry constitutes a safety hazard and will not be allowed during class.
- Girls with long hair must wear it tied back in a ponytail or in braids for safety.
- No gum or candy is allowed in the gym area.

DROP OFF: Students should arrive at the gym 5 minutes before class begins. Do not drop your gymnast off earlier than 10 minutes before class, as this represents a supervision problem for the coaches and the management. Gymnasts are not allowed on the equipment before their class begins, or after their class ends. Students are also expected to leave the workout area immediately after class, and should be picked up within 15 minutes of class dismissal.

LATE PICK-UP/FEEES: There will be a \$5.00 charge for every 15 minutes the parent/guardian is late picking up their children. This should be paid to the Front Office Staff at the time of pickup, if it is not paid, your account will be debited. Gymnasts are expected to observe safety rules, use self-control, and be courteous at all times.

CANCELLING/REARRANGING CLASSES: It may be necessary during the year to cancel or rearrange your child’s class time to accommodate a gymnastics meet or other special function. In certain cases, it may be necessary to schedule this class for a different day or time, but this will only be as a last resort. Should attendance in a class drop to less than 5 students, we reserve the right to cancel a class.

SUPERVISION of NON-PARTICIPANTS: Children not participating must be responsibly supervised by a parent and seated in the Viewing Area. Please do not drop off non-participant children to “watch” their brother or sister participate in gymnastics. We are not going to “babysit” non-participants and should not be expected to do so. A fee will be applied to your account for all unsupervised non-participants.

OBSERVATION: We encourage parents and visitors to observe their child’s lesson only once a month. This allows for a quieter atmosphere with greater concentration. When observing please do not interact or comment to your child as it is distracting to the rest of the class.

PICTURE/ADVERTISING WAIVER

During All American Gymnastics events we often take pictures for our website or other marketing material. There may be opportunities for your children to be in some of our photos. By indicating your approval below you give permission for All American Gymnastics to use pictures and/or video footage of your child/children and that you understand that there will be no compensation.

- I agree to let All American Gymnastics use pictures and/or footage of my child(ren).
- I would prefer that All American NOT use pictures of my child(ren).

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE RULES AND POLICIES AND I AGREE TO FOLLOW THEM.

SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT INFORMATION

Father's Name	Place of Employment	City	Cell Phone #
---------------	---------------------	------	--------------

Mother's Name	Place of Employment	City	Cell Phone #
---------------	---------------------	------	--------------

Names of neighbors or relatives who may be contacted if parents are not available:

<u>Name</u>	<u>Relationship</u>	<u>Phone/Cell Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does the student(s) have any medical problems or limitations of which our staff needs to know about?
 YES NO If yes, please explain the condition(s) below.

How did you hear about us?

- | | | |
|--|--|--|
| <input type="checkbox"/> Phone Book | <input type="checkbox"/> Mailer | <input type="checkbox"/> Flyer/Coupon |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> TV Commercial |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Freeway Sign | <input type="checkbox"/> Website |

We would like you to know that you have chosen the BEST for your child. Our gymnastics program is both a recreational and a competitive program. When the time comes for your gymnast(s) to move to another class, we will approach you as the parent and make the recommendation. It is your choice whether or not you want to move your child/children up. Student advancement is done on an individual basis.

Our Competition Teams' seasons range from September through August. Please watch for signs announcing upcoming meets. The public is always invited. These events are fun and rewarding experiences for everyone involved.

RELEASE OF LIABILITY WAIVER (FOR PARENTS/GUARDIANS)

Name of adult participant(s) _____ I/we, despite all reasonable precautions implemented for safety, am/are fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I/we knowingly and willingly assume all such risks. Consequently, I/we hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of All American Gymnastics from personal injury or accident of any sort or nature suffered by me/us, the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of All American Gymnastics.

DATE

SIGNATURE

SIGNATURE

All American Gymnastics
95 S 1400 W Lindon, UT 84042 (801)-796-9610
PARENT / LEGAL GUARDIAN PERMISSION AND RELEASE FORM

Last Name	Father's First Name	Mother's First Name	Home Phone
------------------	----------------------------	----------------------------	-------------------

Home Address	City	Zip Code	Email address
---------------------	-------------	-----------------	----------------------

Gymnast's Name	Age	Birth date	Sex	School Attending	Gymnastics Day/Time
----------------	-----	------------	-----	------------------	---------------------

1. _____
2. _____
3. _____
4. _____

The parent(s) or legal guardian(s) of the above named student(s) request All American Gymnastics (AAG) to teach physical developmental skills to the student(s) in group classes. AAG will provide facilities and faculty to teach these group classes using AAG's methods and in accordance with AAG's policies.

Tuition for this service will be as per the schedule previously published and amended and available in the Front Office of AAG. I, as parent, (student), have read and understand AAG's policies and tuition rates. In case of default in the payment of any amount due, AAG may declare the entire balance due and payable immediately and may bring legal action to recover any sums due here under. The undersigned will pay all costs of such recovery actions including interest, collection agency fees, and a reasonable attorney fee.

As Legal Guardian of _____, hereafter, child(ren), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent the aforementioned person(s) participating in any and all, All American Gymnastics programs, clinics, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE All American Gymnastics, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of All American Gymnastics including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold All American Gymnastics and its representatives harmless in their execution of this matter. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while participating at or for All American Gymnastics.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

I further certify that we have medical insurance coverage.

Signature of Parent or Legal Guardian	Date
--	-------------