

ALL AMERICAN GYMNASTICS RULES AND POLICIES

All families must pay a \$25.00 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. Tuition will be pro-rated, if applicable, 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 does 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 office for tuition increases due to class change and/or advancements.

The Standard Rate and the Early-Bird Discount price covers 4 weeks of lessons (see our yearly calendar). To receive the Discount Rate, tuition must be in our office by the 15th of each month for the next 4 week session. You may mail in your tuition at the Discount Rate, if it is postmarked by the 15th of the month. 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.**

CASH PAYMENTS

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 office without a receipt.

MONTHLY TUITION vs. PAYING by the LESSON CHARGES

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, and so our enrollment is on a monthly basis. If you know that you're going to be gone for a lesson, then prearrange your make-ups ahead of time. Missed make-ups will NOT be scheduled twice. Make-ups are ONLY allowed during a month when your child is enrolled. Make-ups will not be carried past 2 months.

PAST DUE TUITION:

- A. Tuition is considered Past Due after the 15th of each month.
- 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** _____

GYMNAST/TUMBLING WORKOUT APPAREL

Workout apparel for the girls consists of a clean and neat gymnastics leotard. 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 to be worn during their participation in class.

--Girls with long hair must wear it tied back in a pony-tail or in braids for safety and convenience.

--No smoking in the gym or on AAG property.

--No gum or candy is allowed in the gym area.

Students should arrive to 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.

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 secretary at the time of pickup, if it is not, your account will automatically be debited. Gymnasts are expected to observe the rules of safety, self-control, courtesy, and self discipline at all times.

REFUNDS AND 2 WEEK WRITTEN NOTICE

We **DO NOT** give cash refunds.

We require a **2 week WRITTEN NOTICE** if you decide to withdraw your child from our program. **Informing the coach does not constitute "notice."**

CANCELING/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 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.

We encourage parents and visitors to observe their child's lesson only once a month. Classes are much easier to teach when the gym is not filled with too MANY observers. The gym is quieter, allowing for greater concentration and learning.

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 #
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Mother's Name	Place of Employment	City	Cell Phone #
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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. _____		

Name of Doctor to call in case of an emergency:

Name of Doctor	Clinic	Phone
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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"/> Orem-Geneva Times | <input type="checkbox"/> Word of mouth | |
| <input type="checkbox"/> Dailey Herald | <input type="checkbox"/> Freeway Sign | |

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.

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

Last Name	Father's First Name	Mother's First Name	Home Phone
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Home Address	City	Zip Code	Email address
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Gymnast's Name	Age	Birth date	Sex	School Attending	Gymnastics Day/Time
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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 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 _____ (parent signature)

Signature of Parent or Legal Guardian

 Date