

ALL AMERICAN GYMNASTICS **ANNUAL REGISTRATION FORM**



Registration Month: _____

REGISTRATION: All families must pay a \$35.00 Annual Registration Fee before beginning any class. The \$35.00 Annual Fee will then be charged on the anniversary date of your family's registration. Upon enrollment, the Registration Form and Rules Sheet must be filled out online and e-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 Parent Portal 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/Team Fee increases due to class change and/or advancements.

TUITION: The Standard Rate and the Early-Bird Discount Rate covers 4 weeks of lessons (see our AAG yearly Tuition Calendar). To receive the Discount Rate, tuition must be paid in full on or before the 15th of each month for the next 4-week session. If you prefer to pay with something other than your account on file, payment must be made to the Front Desk by the 14th of the month. All Accounts will be automatically run monthly on the 15th for any unpaid tuition amounts and/or any unpaid team fees. Please make your check out to ALL AMERICAN GYMNASTICS with your gymnast(s) name(s) in the memo line. There is a \$25.00 charge for each time a check is returned.

AUTOMATIC PAYMENT: I, expressly authorize this automatic credit card charge from the card listed below by All American Gymnastics. I understand that my card/account will be charged on the fifteenth of every month from my account. In the event that the fifteenth falls on a weekend my card/account will be charged on the last business day of the week before the fifteenth. I understand that the charges will include my monthly tuition payment as well as any other charges incurred for other services or products during the current billing cycle. I agree that all charges are considered valid unless disputed in writing within thirty days of invoice date.

I understand and agree that All American Gymnastics shall not be responsible for any charges or expenses that I may incur resulting from overdrawing my bank account or credit card as a result of an automatic charge generated by All American Gymnastics. I agree to notify in writing (fax and email included) by the 10th of the month to request cancellation of this automatic withdrawal. I understand that if my Auto pay card/account is declined for any reason that I will update my Auto pay card/account on file via the Parent Portal by the 10th of the next month.

MAKE UP POLICY FOR REC CLASSES: In order to be eligible for a makeup class, a parent or guardian must call the Front Office **prior** to the missed class. Any absence not reported before the class start time, will not be eligible for a makeup class. If you miss a class, you have 30 days to make-up the missed class in Open Gym (for ages 5 & older). 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 another Gym Romper class with openings. This must be scheduled before the makeup class, with the front office.

SIGNATURE _____

DATE _____



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.

Private Lessons: Any gymnast at AAG can take private lessons in gymnastics or tumbling, with an approved instructor. Private Lessons and cost is arranged directly with the coaches. The Front Office Staff can provide coaches contact information upon request. Private lessons are usually one hour. If you are not currently registered in a class at AAG, there is a \$35 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 15 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. After 4 weeks of non-payment, all enrolled students on your family account will be dropped and your students will lose their place in their class/es.
- D. Interest at the rate of 18% per annum will be charged on accounts that are 30 days past due.
- E. By signing below I agree to pay all amount(s) owed within 30 days of when such amount(s) are incurred. I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all past-due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney's fees, etc.) I will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.

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 with the AAG Tuition Calendar and does not include holidays). Written Notice must be handed to the Front Office Staff or emailed to info@aagutah.com. 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 leotards OR tank tops with gymnastics shorts. You can purchase leotards & gymnastics shorts 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.

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

-Children with long hair must wear it tied back neatly in a ponytail or neatly in braids for safety reasons. If a gymnast with long hair shows up to class without "gymnastics hair" one of our staff will carefully pull their hair back with a rubber band.

DROP OFF/PICK UP: 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. **Our company policy is that before & after classes, gymnasts are to wait INSIDE THE GLASS DOORS. No exceptions made. This is for the safety of the children.**

LATE PICK-UP/FEES: 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. Please do not drop siblings at the gym without your/adult supervision.

PICTURE/ADVERTISING WAIVER: During All American Gymnastics events we occasionally 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 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. If you would prefer your child's photo not be used, you have to send a written request to support@aaagutah.com.

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

SIGNATURE _____

DATE _____



RELEASE OF LIABILITY WAIVER (FOR PARENTS/GUARDIANS)

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.

SIGNATURE

DATE



RESPONSIBLE PARTY INFORMATION

NAME _____ CELL # _____
 HOME PHONE _____ WORK PHONE _____
 ADDRESS _____
 EMPLOYER _____

SPOUSE OF RESPONSIBLE PARTY

NAME _____ ADDRESS _____
 CELL # _____ HOME PHONE _____
 ADDRESS _____
 EMPLOYER _____ WORK PHONE _____

EMERGENCY CONTACT INFORMATION

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"/> Website | <input type="checkbox"/> Mailer | <input type="checkbox"/> Flyer/Coupon |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> TV Commercial |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Freeway Sign | |
| <input type="checkbox"/> Referral: _____ | | |

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.

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
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 the above child(ren), 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 _____ **DATE** _____