



For Office Use Only	
Trial	_____
Registration	_____
Auto Payment	_____

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Tel. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Tel. \_\_\_\_\_

Primary Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Emergency Hospital \_\_\_\_\_

Any previous illness or injury the staff should be aware of? \_\_\_\_\_

Please list any previous bodily injuries \_\_\_\_\_

If so, are there any restrictions? \_\_\_\_\_

If parent cannot be reached in an emergency notify:

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Relation \_\_\_\_\_

How did you hear about Monterey Gymnastics? (Check all that apply)

☐ Web ☐ Phonebook ☐ Friend/Family ☐ Birthday Party ☐ Gymnastics Camps

If referred by friend or family member, please give their name \_\_\_\_\_

**Class Choice:**

<b>First Student</b>	1st choice of class	Day(s)		Time	
	2nd choice of class	Day(s)		Time	
<b>Second Student</b>	1st choice of class	Day(s)		Time	
	2nd choice of class	Day(s)		Time	

Assume that your first choice has been accepted unless otherwise notified.

## **ACKNOWLEDGEMENT OF RULES AND POLICIES**

### **Please initial the following:**

I have read and agree to the MBAG Rules and Policies and understand that:

\_\_\_\_\_ I must have a credit card on file that will be charged automatically if payments are not received before the 25th of each month.

\_\_\_\_\_ A drop slip is required when dropping classes to avoid tuition charges.

\_\_\_\_\_ I give my consent to let my child(ren) be photographed for use by Monterey Bay Academy of Gymnastics in newspapers or other media.

## **ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

As legal guardian of (child[ren]'s name[s]) \_\_\_\_\_, I consent to the aforementioned person(s) participating in the Monterey Bay Academy Of Gymnastics program. I realize the potential for injuries including permanent paralysis or death in activities involving height or motion.

I understand that it is the express intent of MBAG to provide for the safety and protection of all students including my child(ren). In consideration for my child(ren) being allowed to use MBAG's Gymnastics facilities, I hereby forever release MBAG and its employees, from all liability for any and all damages *and* injuries occurring while under the instruction and supervision of MBAG.

I understand that it is my responsibility to insure the safety of the aforementioned person(s) in the parking lot and that MBAG assumes the responsibility within the premises.

As a legal guardian for the aforementioned person(s), I hereby agree to individually provide the possible future medical expense, which may be incurred by my child(ren) as a result of any injury sustained while training at or performing for MBAG.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PERMISSION TO TREAT (optional)**

I give my permission to trained medical professionals to administer emergency medical treatment to my child, *should* sickness or accident occur in my absence.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



montereygymnastics.com

## RULES & POLICIES

1. **Payments: Tuition is due before the 25<sup>th</sup> of each month.** All members must have a credit card on file and will be charged the last two days of each month. You may pay with any preferred payment method before the 25<sup>th</sup> of each month. A late fee of \$5.00 will be charged for any payments received after the 7<sup>th</sup>. Service charge of \$15.00 will incur bank returned checks.
2. **Payment methods:** We accept cash, checks, charge or payments online **at montereygymnastics.com**. Visa and Master Card are accepted in office.
3. **Annual Membership Registration:** Our policy requires us to insure every student. For secondary insurance and administrative costs, there is a fee of \$48.00 per year. Membership is renewable every August 1<sup>st</sup>. We will pro-rate Membership fees. Membership fees must be renewed yearly.
4. **Family Discount:** With 2 or more children enrolled you will receive a 20% discount on monthly fees and registration.
5. **Warm-Up:** For your child's safety, please arrive on time. The warm-up is **very important** to your child's safety. Therefore, **students arriving fifteen minutes late or more might not be allowed to participate in class.**
6. **Make-Up:** Classes missed can be made up. Make-up classes are offered to members who are enrolled in a class only. Please schedule a make-up in advance. You can schedule a maximum of two make-ups at a time. Once scheduled, all make-ups are counted unless canceled prior to make-up day. We do not pro-rate tuition for missed classes.
7. **Holidays:** Holidays are fixed into the monthly tuition rates and do not receive make-up classes. Classes operate 48 weeks per year. **Scheduled holidays will be posted in the Gym and on our website: montereygymnastics.com**
8. **Dress Code:** Girls can wear either a leotard, or athletic shorts with a fitted t-shirt. (Tights may be worn - without feet). Hair must be tied up (out of face). Boys can wear a t-shirt and shorts or sweats **without pockets**. No large baggy clothes or jeans. **No zippers, snaps, buttons, or jewelry allowed for your child's safety.**
9. **Class changes:** Classes may be changed with the approval of an instructor. Please notify the office of any changes.
10. **Parent Viewing 1:** Parents are welcome to view classes at any time. Please stay in the designated parent seating area, and keep all food and drinks on tiled area. A children's play area is provided for your convenience. Please talk and play quietly. Unattended children are a safety hazard and are not permitted in Monterey Gymnastics Center.
11. **Parent Viewing 2:** For reasons of safety, parent/child communication is not allowed during lesson. Gymnasts need to hear the voice of their instructor/coach without distraction.
12. **Insurance Restrictions:** Only registered participating gymnasts are allowed in the training area. Due to insurance restrictions and for the safety of your child, no one is allowed in the training area before class or without an instructor. When class is over, the gymnast must leave the training area. Parents or non-registered students must remain in the viewing area.
13. **Sign up and Drop:** Monterey Gymnastics will pro-rate classes for first and last month only. If you decide to discontinue class, you must complete a drop slip **two weeks prior to the date you wish to stop!**
14. **Parking:** Please park only in areas designated for Monterey Gym next to the building. **Do not park in the red fire lane.** Space is limited, so please free up spaces for the next classes as soon as your child's class has ended.



## Credit Card Authorization Form

### Keeping a credit card on file has its benefits:

It's convenient (saving you time and postage.)

Your payment is always on time (even if you're out of town.)

You can get your credit company's reward points for paying your bill.

You SAVE money by avoiding late fees.

### Here's How it Works:

You authorize Monterey Bay Academy of Gymnastics to charge your Credit Card for tuition on the last two days of each month.

You may make your payment by the 25th with cash or check if you do not want to use the card on file. A late payment fee of \$5 will be charged to your account for payments not received by the 8<sup>th</sup> of the month.

I \_\_\_\_\_ authorize Monterey Bay Academy of Gymnastics to charge my credit card indicated below for the amount of tuition or registration on an as needed basis. These charges are for the instruction of gymnastics, cheer and or dance at Monterey Bay Academy of Gymnastics in the following classes:

Students Name	Class 1x week	Class 2x week	Class 3x week	total

\_\_\_\_\_  
Billing Address (as reflected with credit card)

\_\_\_\_\_  
Parent/ Guardian Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

### Credit Card Information

(Circle one) Visa / MasterCard

Cardholder Name: \_\_\_\_\_

Account Number (last 4 digits only\*) : \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CV2#: \_\_\_\_\_

\*After cards are swiped into our system, the numbers are obscured and only the last four digits are visible.

I authorize Monterey Bay Academy of Gymnastics to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. We will attempt to automatically update expiration dates no more than 3 years from the original expiration date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_