

AGC Registration Form

Student Information:

NAME: _____ Birth Date: _____

NAME: _____ Birth Date: _____

NAME: _____ Birth Date: _____

Parent Information:

Father's Name: _____ Employer: _____

Father's Cell #: _____ Father's Work #: _____

Mother's Name: _____ Employer: _____

Mother's Cell #: _____ Mother's Work #: _____

Address (primary for the child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ DL#: _____

E-mail Address: _____

Release:

As a legal guardian of _____, I hereby consent to the above person participating in Anderson Gymnastics & Cheer programs and I assume all financial liability. I recognize that potentially severe injuries can occur in any activity (including gymnastics and cheerleading) which involves height or motion. I also realize that my child may be performing and training on all Olympic events plus various other training devices including trampolines. I understand that it is the express intent of Anderson Gymnastics and Cheer to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities. I hereby forever release Anderson Gymnastics & Cheer, LLC. (its officers, employees, teachers, and coaches) from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Anderson Gymnastics and Cheer. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses incurred by my child as a result of any injury sustained while training or performing at or for Anderson Gymnastics & Cheer. This acknowledgement of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent. I hereby agree that I am responsible for all costs incurred for collection of any delinquent payments, including but not limited to attorney fees.

Insurance Co. _____ Policy Number: _____

Medical conditions: _____

Allergies: _____

OK to give Ibuprofen if needed? _____

In Case of Emergency, please contact: (Name someone other than parents. Parents will always be contacted first.)

Name: _____ Relationship: _____ Phone: _____

Parent Signature: _____ Date: _____

How did you hear about AGC? (Newspaper- Radio-Website-Friend/AGC Student) Student's Name: _____

For Office Use Only

Trial Class: _____

T-shirt Received: _____

T-shirt Size: _____

Annual Fee Date Paid: _____

Family Name: _____

For Office Use Only

Class: _____

Entered in Computer: _____

Paid: _____

Name: _____

AGC PAYMENT POLICIES AND PROCEDURES

EFFECTIVE JANUARY 1, 2017

1. **Annual Membership Fee:** This fee is due upon initial registration and will reoccur every year. This fee applies for all new and current members of Anderson Gymnastics and Cheer. First family member is \$25.00; each additional family member will be \$5.00. This fee includes an AGC t-shirt.
2. **Payments:** AGC accepts cash, check, or credit card payments. Payments are due by the 15th of each month. There is a \$30.00 fee for any check returned to any reason.
3. **Late Payments:** Effective February 1, 2012, there will be a \$10.00 late fee charged to any account not paid in full by the 15th of the month.
4. **Direct Withdraw:** Direct withdraw is a new payment method offered. Payments can be automatically debited from your credit card account. This ensures no late fee and no more checks to write.
5. **Dropping Classes:** Once registered for a class or placed on a team, your account will be charged automatically per month. If you choose NOT to continue for the next month, a written form **MUST** be turned into the front desk before the beginning of the next month.
6. **Refunds:** There are NO refunds or credits for missed classes. In case of injury, your account may be credited.
7. **Make-Ups:** Only one make-up or open gym pass per month (instead of make-up). You must call ahead to schedule a make-up. If it is due to the gym being closed, you have 1 month to make it up. If it is due to illness or any other reason, you have 2 weeks to make it up.

I, _____, have read and understand the above policies and procedures set by Anderson Gymnastics and Cheer (AGC), and agree to abide to the above mentioned terms.

Signature: _____ Date: _____