

Student/Family Information

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| **Student Name:** | Date of Birth: | Current Age:  | Sex: M F |
| **Parent #1 Name:**  | Best Phone #: ( ) |
| Email Address:  |
| Home Address:  City zip  |
| **Parent #2 Name:** | Best Phone #: ( ) |
| Email Address:  |
| Home Address:  City zip  |
| **Emergency Contact Name:**  | Best Phone #: ( ) |
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| **How did you hear about Stars Gymnnastics?** |  |
| **Internet (Circle One) Instagram Facebook Email** |
| **Friend (Name Friend if he/she is a student at Stars):**  |
| **Other:**  |

|  |  |
| --- | --- |
| Parent/Guardian Signature | Today’s Date |

***MEDICAL RELEASE & WAVER***

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_know that participation in any sport is a potentially hazardous activity. I realize that he/she should not participate unless he/she is medically able and properly trained. I assume all risks associated with his/her participation. Having read this waiver and knowing these facts and in consideration of your accepting my child’s application to participate, I waive and release Stars Gymnastics LLC, all sponsors, affiliated Clubs, event organizers, and officers and members thereof from all claims or liabilities of any kind arising out of his/her participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

Printed Parent/Guardian's Name Signature Parent/Guardian's Date

***Permission to Administer Emergency Treatment***

Should emergency medical treatment be necessary during instruction/events, I hereby grant consent to apply the following medical treatment to myself (or my child in my absence): any examination, anesthetic, medical or surgical diagnosis and/or special supervision of duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis. In my absence, and as parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby grant my permission, in the event of injury or sickness, to have the necessary emergency medical treatment administered to my child by a trained medical professional.

In addition, I also grant my permission to have my child transported to a hospital, doctor’s office, or emergency clinic in the event of such injury or sickness.

My child has the following medical conditions to which you should be alerted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following allergic reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The carrier of my child's medical insurance is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The policy # is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature of parent or legal guardian Date

***Pictures & Social Networking:***

Stars Gymnastics Staff may occasionally take pictures of students participating in the Stars Gymnastics Program. Photos may be published on program website, newsletters, schedules or on social networks such as Facebook, Instagram, etc. Your signature grants permission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please check this box if you do *not want* your child’s photo’s published.

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Revised 7/05/16

Guidelines & Policies

**ANNUAL MEMBERSHIP FEE**
All Students will be charged an annual membership fee. This fee is good for one year and will be billed automatically each year the student is enrolled.

**SESSIONS/TUITION:**
Sessions and enrollment are monthly.  Your space is reserved each month, once your payment is made. Tuition is non-refundable once the month has begun.  Participating in our auto pay program, provides students with a guaranteed spot in the class of their choice.

**AUTO-PAY SYSTEM**
PARTICIPATING IN AUTO PAY IS OPTIONAL, but does provide some benefits.  Our Auto-Pay system will keep your child enrolled and your tuition paid.  No invoicing or payment reminder will be needed. Your child will be automatically enrolled in the same class each month until you notify the office otherwise.  Auto-Pay transactions are processed on the 15th of each month to pay for class tuition in the upcoming month.  30 day written notice is required to be removed from auto-pay.

**ADVANCING/CHANGING CLASS LEVELS:**
If you are enrolled in auto pay, your child will be automatically enrolled in the same class every month, unless you notify the office otherwise.  If your child advances in levels, it is your responsibility to notify the office as soon as possible to initiate the change in class enrollment and automatic registration for future months. If you are not enrolled in auto-pay, you must re-register with payment to hold a spot in the class of your choice.

**DECLINED PAYMENTS AND RETURNED CHECK FEES:**
A $30 fee will apply to all returned checks and declined or invalid payments after one attempt. This fee will be automatically added to your account and will be due immediately to hold a spot in the selected class.  Invalid payments will result in the student losing his/her reserves space in class until payment is made in full.

**CREDIT FOR MISCELLANEOUS REASONS:**There are very few reasons in which a credit may be given to a family account. Long term illness or injury with documentation from a doctor is one of those reasons. Another reason may be an error on our part, by over charging fees or failing to discount appropriately based on our policies. Since there are not refunds, a credit will be given to the family account and must be used within 90 days of receiving the credit. After 90 days, the credit amount is forfeited.

**PUNCTUALITY POLICY:**
We ask that you arrive 5 minutes prior to class time as a consideration of parking and traffic delays.  Every class begins with a warm up period.  This warm up time is important and necessary for every student.  It provides physical and mental preparation for class and when performed completely, can help prevent injuries.  Therefore, if your child arrives late and misses any portion of warm up period, he/she WILL **NOT BE ALLOWED TO JOIN THE CLASS**.  Please call for a make-up class if you are running late.

**SAFETY RULES:**
All students may use our storage pockets to store clothing and shoes, and then wait in the designated areas until the instructor calls them for class.  Students may not be in the active practice area or play on the apparatus at any time prior to, or after their class.

We recommend students dress for gym before leaving home.  (see back side for information on attire)

Parents, guests, and siblings are required to wait in our observation area.  Enrolled students ONLY under the direct supervision of an instructor are allowed in the practice area.

Since our seating area is limited, we ask that no strollers be brought into the gym.  Baby carrier seats are acceptable, but must be placed in a safe location.

Please bring toys, books or other activities to keep your other children busy during class time. The lobby is not to be used as a play area.  All spectators must remain in the designated seating area.

**MAKEUP POLICY**
Each student is allowed ONE make up class per month for classes missed for their own personal reasons.  In the event a student cannot attend a class, and notifies the gym prior to class time, a credit will be given in the form of a make-up lesson. Students are provided with a minimum of 4 classes per class enrollment.  Canceled classes that fall on a 5th class day will not be made up.

Make-up classes are held on Fridays.  ALL make ups must be scheduled within two weeks of the missed class or will be forfeited.  All make up classes will be arranged by the office (not by instructors).  Make up credits may NOT be used to discount tuition.  Once a make-up class is scheduled it cannot be rescheduled.  Please check your calendar before scheduling a make-up date and time. A missed scheduled make up class may not be made up.

**DROP PROCEDURE:**
Students who are NOT enrolled in Auto-pay, are automatically dropped from their class on the last day of each month and will be added to a class roster for the following month once they have registered with payment again.

**Families enrolled in auto pay**-PARENTS MUST NOTIFY STARS GYMNASTICS TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable.  Automatic registration and enrollment will continue until written notice is received.

**Please note: (Auto Pay) You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS** until the time you notify the staff VIA WRITTEN NOTICE. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to another student.

**WHAT TO WEAR**
Boys must wear tucked in T-shirts and elastic waist shorts/pants. Girls are required to wear a leotard or unitard.  NO chewing gum or dangling jewelry.  Stud earrings may be worn. Dangling or hoop earrings may NOT be worn.   Bracelets and rings may NOT be worn.  Hair should be pulled neatly and securely away from the face so that is stays up for the entire workout, INCLUDING BANGS. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. All students will be barefoot during class. Personal items should be left in cubby holes or with parents. . **PLEASE LEAVE JEWELRY ARTICLES AT HOME**. Stars Gymnastics facility's staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name.

**PICKUP**
Please arrive on time or early to pick up your child.  Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

**SPECIAL/CLOSED EVENTS**
Event such a camp, TGIF, Parents Night Out, Movie night or anything else that is going on outside of normal business and class hours will require a parent to physically enter the facility to sign the participant in and/or out. These events will usually require an additional registration fee. Non Members may participate in many of our special/closed events, but are required to have student information forms and waiver completed before enrolling or attending. Children without required documents submitted will not be allowed to participate and may not be able to remain in the facility.

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| Student Name | Parent Signature | Date: |