



Today's Date: _____

1st Child's Name: _____ Birthday: _____ Age: _____

Class Name/ Day/ Time: _____ Tuition: _____

2nd Child's Name: _____ Birthday: _____ Age: _____

Class Name/ Day/ Time: _____ Tuition: _____

3rd Child's Name: _____ Birthday: _____ Age: _____

Class Name/ Day/ Time: _____ Tuition: _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ *(To receive updates by e-mail)*

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ *(To receive updates by e-mail)*

I fully understand that the staff at SPLITZ Gymnastics Academy, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release SPLITZ gymnastics to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for.

If SPLITZ is unable to contact the parents, the person to contact in case of an emergency is:

Name/ Relationship: _____ Phone: _____

How did you find out about SPLITZ Gymnastics? _____

Does your child/children have any medical conditions that we should be aware of? _____

Signature of Parent/ Guardian: _____

I have received or will obtain a copy of Splitz Gymnastics Academy policies and will take the responsibility to carefully read and follow the rules and policies therein. I understand that Splitz Gymnastics Academy does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc. I further understand that there are specific risks of physical or property damages, losses, or injury that may result from my or my child's participation with Splitz Gymnastics Academy, and I voluntarily assume the risks associated with such participation.

Rules, Terms, and Conditions

Please read the policies below carefully. Mark each box and sign below as acknowledgement that you have read and understand them.

OUR PROGRAM:

We are a continuous program with a monthly tuition based on an average of four classes per month. Some months you will receive 3 lessons, while on other months you receive 5 lessons. During most months you will receive your 4 lessons. If there are five classes in a month, we do not increase tuition. If there are three, we do not give credit.

PAYMENT:

All Splitz families are required to put a credit card on file. Tuition due will be ran the first of every month. If you do not want the credit card on file charged, you must pay your balance by the first of the month. There will be a \$10.00 fee for all tuition payments received after the first of the month including payments that couldn't be made due to expired credit cards. It is your responsibility to make sure we have an updated card.

MAKE-UP POLICY:

Each child is allowed 1 make-up class per month, if space permits. There will be no pro-rated tuition or refunds for classes missed unless there is a medical reason. Your make-up class MUST be made up in the SAME month in which it was initially missed.

DROP PROCEDURE:

If a class is dropped before the month begins and a refund is given there is a **\$10.00** processing fee.

DROP FORM: You must fill out a DROP CLASS FORM before the first of the month in order to avoid being charged for the next month. The DROP FORM MUST BE TURNED IN IN PERSON and a receipt will be given. Please do not rely on your child to verbally DROP their class, it should be done in person by a parent or guardian. If you call to drop your class, we will make every effort to update your account. However, we cannot guarantee your drop without a filled out form and receipt. If a student stops coming to class without notification, your card will continue to be charged until you fill out the DROP CLASS FORM and all balances

REFUNDS will not be given after the first class. You may get a Splitz account credit.

WHAT TO WEAR:

Boys may wear a T-shirt tucked in and shorts. Girls may wear leotards only. NO chewing gum. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. 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. Jewelry should not be worn during classes. PLEASE LEAVE JEWELRY ARTICLES AT HOME. This 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.

ARRIVAL AND PICKUP

Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. 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.

Waiver

As the legal guardian of my child/children, I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the intent of all staff and personnel to provide for the safety and protection of my child/children and, in consideration for allowing my child/children to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Electronic
Signature: _____

Date: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Rules, Terms and Conditions.