

OFFICE USE ONLY	REGISTRATION	1ST CHILD'S TUITION	2ND CHILD'S TUITION	PAYMENT METHOD & AMOUNT
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### Siouxland Gymnastics Academy Registration Form

Student's last name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

First name \_\_\_\_\_ Class code \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M/F

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Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_ Wk phn \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Wk phn \_\_\_\_\_

Emergency contact/phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Medical considerations \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

In consideration of my membership in Siouxland Gymnastics Academy, and my participation in Siouxland Gymnastics (SGA) classes, events, competitions and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Siouxland Gymnastics Academy.
2. Readiness to Participate: I will only participate in the SGA classes, events, competitions and activities for which I believe that I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to SGA to provide, through a medical staff of its choice, customary medical attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that SGA, and the sponsor of any SGA event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**I understand that my child (children) is automatically enrolled. If my child (children) chooses to discontinue participation in class, I will personally complete the specified SGA class withdrawal form at least two weeks prior to the beginning of a new month. If I fail to properly notify SGA according to this agreement, I understand that I will be responsible for tuition payments. I realize that tuition is due for the entire month in which a drop occurs and I will be charged accordingly.**

Initials \_\_\_\_\_

This notification of risk and enrollment has been read thoroughly, is understood completely and has been discussed with my child. It is being signed voluntarily and I acknowledge its content and intent.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### Family Registration and Discounts

This annual fee remains the same regardless of the number of immediate family members involved in gymnastics classes. It is always due in September of each year. If classes are started sometime after fall, your registration is pro-rated until the following September. In addition, only one gymnast in your family pays full price. Tuition for additional children in our recreational program will be discounted.

### Missed Classes

Although it is always best to attend your regularly scheduled class, we realize that from time to time it is impossible to do so. In the event that you miss your class, you will be issued a complimentary pass to our popular Fun Gym Friday or Jungle Fun. Unfortunately we are unable to allow make-ups in another class.

### Viewing and Punctuality Plea

We do not allow parents or visitors into the gym areas at any time. We offer a "wall of windows" in the lobby and a viewing mezzanine. It is important for your child, as well as other group members, to arrive on time. In addition it is necessary for parents to pick children up immediately following the conclusion of class. We ask that children remain inside the building until their ride arrives.

### Student To Teacher Ratio

One very important factor that sets our program apart from most others is our strict adherence to our student to teacher ratios. We allow no more than 6 children to 1 instructor for our "littlest people" and 8 to 1 for our older recreational gymnasts.

### How To Register

A parent or guardian of a new student must call the SGA office at 712-255-3547 for particulars on available class openings. Once a class level, day and time have been chosen, a registration form must be completed. Forms and fees to are required before entry into any class.

### Tuition

As part of "going green" we have implemented new billing at SGA. Tuition will be automatically billed to the account of your choice on the 1<sup>st</sup> of each month. This ensures an on-time payment and guarantees your child's spot in class. Tuition is the same EVERY month regardless of the number of weeks of class. While some months have 5 classes and we do not charge extra, we also do not pro-rate for an occasional month with only 3 classes. Tuition is not pro-rated for missed classes and no refunds will be issued for cancellations due to inclement weather.

### On-going Registration

Once your child is enrolled at SGA she/he will be enrolled until we are notified otherwise. This means that all students enrolling in the school year schedule will remain enrolled through the end of May and summer students will be registered until the summer session ends in August. SGA reserves a spot for your child until we are notified otherwise. Telling your child's teacher (rather than filling out the appropriate drop form at the front desk) is NOT considered proper notice. **Initials**\_\_\_\_\_

### Discontinuing Enrollment

If your child wishes to discontinue participation in class, you must personally complete an SGA withdrawal form and return it to the front desk at least 2 weeks prior to the start of a new month. Failure to properly notify SGA will result in continued tuition charges. Tuition is due for the entire month in which a drop occurs and accounts will be charged accordingly. **Initials**\_\_\_\_\_

### Inclement Weather

If the Sioux City Public Schools dismiss early or cancel due to snow or ice, gymnastics classes are cancelled as well. Late starts and early dismissals due to heat do not affect our classes. Cancellations will be announced on local television and radio stations.

**AUTOMATIC PAYMENT CONSENT FORM SIOUXLAND GYMNASTICS ACADEMY**

Student: \_\_\_\_\_

Office use - Class code: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_

Office use - Class code: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_

Office use - Class code: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

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**Method of Payment**

Registration \$ \_\_\_\_\_ First month's fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

On-going monthly fee \$ \_\_\_\_\_

\_\_\_\_ Checking Account – attach voided check or \_\_\_\_ Savings Account – attach deposit slip

Bank name: \_\_\_\_\_ City, State: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

*I hereby authorize Siouxland Gymnastics Academy to initiate debit entries to the account indicated above in the amount of*

*\$ \_\_\_\_\_ on the first day of each month starting \_\_\_\_\_.*

*month / year*

*As per the SGA General Policies I understand that I will be responsible for tuition payments until which time I give proper notification of withdrawal from the SGA program.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_