

RULES AND PROCEDURES

REGISTRATION FEE

All Students will be charged a registration / anniversary fee. The fee is \$35 per a student or \$60 per family. This fee is good for one year.

PAYMENT PROCEDURE

Tuition is due the first of each month. Payment is considered late if it has not been paid by the 7th, even if the student does not attend class. On the 8th of the month there will be a **\$10 late fee** charged. Monthly tuition is based on an average of 4 classes per month. Some months will have 5 classes while others may have 3; however, the monthly tuition remains the same. All classes average out to 4 classes per a month. Automatic payment with a credit or debit card can be set up at the front desk.

I am responsible for payment whether or not my student attends classes until I notify this facility in writing, two weeks in advance, to drop my student from classes.

RETURNED CHECKS There will be a charge of \$25 for all returned checks.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

DROP PROCEDURE

PARENT'S MUST NOTIFY TO TERMINATE AUTO BILLING. Only a written notice via email or mail will be acceptable.

Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS until the time you notify the front desk **VIA EMAIL OR MAIL** two weeks in advance. 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 one of the many on a waiting list.

WHAT TO WEAR

Boys or Girls may wear tucked in t-shirts and shorts OR Leotards for Girls (NO SKIRTS). NO chewing gum or dangling jewelry. 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. Students will have bare feet, if a child has Planters warts or athletes foot they should have activity-appropriate footwear during class. These can be ordered through our virtual proshop. Personal items should be left in cubby holes. Jewelry should not be worn during classes. **PLEASE LEAVE JEWELRY ARTICLES AT HOME.** This facility 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.

MAKEUP POLICY

Students are allowed to make up classes that are missed. Make ups are based on availability in other classes. We request that you call in advanced to notify us that the student will not be attending classes. This will increase the availability of classes. Make up must be scheduled in advance. Please schedule make ups within two weeks of the class missed. Students who abuse our make up policy may be revoked the opportunity to make up additional classes.

Please note: we do not prorate fees for missed classes.

SNOW DAYS

NGA will not follow school closings due to bad weather. Please check our website www.northsidegym.com 1 - 2 hours before your scheduled class for closing information.

ARRIVAL AND PICKUP

Be sure your student arrives 5 - 10 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. 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.

I agree with the above information.

*Parent signature _____ date _____

How did you hear about us? Advertisement _____ (specify) _____ Fair _____ Parade _____ Friend _____ (specify) _____ Drive by _____

GUARDIAN INFORMATION

*Parent or Guardian 1 First name _____ Last name _____ Relationship _____

Parent or Guardian 2 First name _____ Last name _____ Relationship _____

*Billing Address _____ City _____ State _____ Zip _____

*Primary phone (home/cell) _____ Secondary phone (home/cell) _____

Emergency contact _____ Phone _____

*E-mail address _____

STUDENT INFORMATION

first name	last name	birthdate
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first name	last name	birthdate
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first name	last name	birthdate
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first name	last name	birthdate
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I fully understand that NGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release NGA staff to render temporary first aid to my child, children or self in the event of any injury or illness, and if deemed necessary by NGA staff member and/or its representatives, whether paid or volunteer, seek medical help or the calling of an ambulance for said participant should NGA staff deem this to be necessary.

We, the staff of NGA recognize our obligation to make our participants and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, and cheerleading. Participants may suffer injuries; minor, serious, or catastrophic in nature or even death in rare cases. Gymnastics, tumbling, and cheerleading, can be dangerous and can lead to injury! Parents should make their children/self aware of the possibility of injury and encourage their children/self to follow all the safety rules and the coaches' instructions. NGA, its coaches and other staff members, will not accept responsibility for injuries sustained by any participant during the course of gymnastics, tumbling or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child, children or self participate in the programs offered by NGA. I, my executors or other representatives waive and release all rights and claims for damages that I or my child, children or self may have against NGA and or its representatives whether paid or volunteer. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. NGA will only warn the child through "Safety Messages" and our teaching style and progressions.

I am aware that photos and video are taken from time to time for marketing, on the website www.northsidegym.com, and instructional purposes and I hereby consent to their use by NGA.

*Parents or Guardian Signatures _____ Date: _____ / _____ / _____

Please provide us with any medical concerns _____