

# BULL CITY GYMNASTICS

4502 Bennett Memorial Rd • Durham, NC • 27705 • (919) 383-3600  
2009-2010 Registration Form (August 3, 2009 - May 29, 2010)

## STUDENT INFORMATION

\_\_\_\_\_  
STUDENT NAME (1)                      SEX      AGE                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      DATE OF BIRTH                      \_\_\_\_\_  
GYMNASTICS GOALS

\_\_\_\_\_  
SCHOOL ATTENDING                      GYMNASTICS CLASS NAME                      CLASS DAY      TIME                      MEDICAL CONDITIONS (IF ANY)

\_\_\_\_\_  
STUDENT NAME (2)                      SEX      AGE                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      DATE OF BIRTH                      \_\_\_\_\_  
GYMNASTICS GOALS

\_\_\_\_\_  
SCHOOL ATTENDING                      GYMNASTICS CLASS NAME                      CLASS DAY      TIME                      MEDICAL CONDITIONS (IF ANY)

[ ] Please check here if you are a returning student & the information in the box below has not changed. You may skip to the Waiver.

## PARENT/RESPONSIBLE PARTY INFORMATION

\_\_\_\_\_  
STREET                      CITY                      ZIP                      \_\_\_\_\_  
HOW YOU HEARD ABOUT US

\_\_\_\_\_  
PARENT/GUARDIAN NAME                      HOME PHONE                      WORK/CELL PHONE

\_\_\_\_\_  
PARENT/GUARDIAN NAME                      HOME PHONE                      WORK/CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS                       E-Mail       Mail       Phone  
Preferred Means of Communication

\_\_\_\_\_  
EMERGENCY CONTACT NAME                      HOME PHONE                      WORK/CELL PHONE

## ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE

Please READ before signing below

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, and climbing rope.

In consideration for allowing my child to use these facilities, I hereby forever release SRM Gym Inc., dba Bull City Gymnastics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Bull City Gymnastics, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

I acknowledge that gymnastics is a strenuous, physical sport, and I certify that my child is in good health and physical condition and is fully able to participate in the programs of Bull City Gymnastics, and will maintain that physical condition so long as he/she participates in the programs.

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent or employee of Bull City Gymnastics the authority to obtain the emergency medical attention they deem necessary. As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Bull City Gymnastics. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Bull City Gymnastics. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk, Waiver of Liability and Medical Release as stated above.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bull City Gymnastics Family Payment Agreement 2009-2010**  
**4502 Bennett Memorial Rd • Durham NC • 27705 • (919) 383-3600**

**Family Information**

Student Name \_\_\_\_\_ Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Sibling Name (Receives \$20 Sibling Discount) \_\_\_\_\_ Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Class Enrollment Date \_\_\_\_\_

Class Name	Tuition per Term	Early Bird Discount*
Parent and Tot	\$118	\$112
Preschool	\$142	\$134
Kindergarten	\$156	\$146
Super Boys (Beginner)	\$156	\$146
Elite Boys (Advanced)	\$156	\$146
Tumbling/Advanced Tumbling	\$156	\$146
Rising Stars (Beginners)	\$156	\$146
Shooting Stars (Intermediate)	\$156	\$146
Super Stars (Advanced)	\$156	\$146
Super Stars (2 hours/week)	\$220	\$210

*\*If paid in full before the first class of the corresponding term.*

Annual Membership Fee Due: \_\_\_\_\_  
 (\$30 per child or \$75 per family)  
 Membership privileges effective August 3, 2009-July 31, 2010

Tuition due upon Registration: \_\_\_\_\_

**Registration Total Due:** \_\_\_\_\_

Method: \_\_\_\_\_ Paid: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

**Ongoing Term Tuition:** \_\_\_\_\_

**Preferred Method of Payment (Initial Only One Option)**

**Option 1: Automatic Payments\***

Initials: \_\_\_\_\_ I hereby authorize Bull City Gymnastics to charge my account in the amount of \$\_\_\_\_\_ on the first day of each term starting \_\_\_\_\_ for instruction. (Charges will continue until final term unless the office is notified in writing.)  
 Date

Master Card     Visa     Discover

Card Holder's Name \_\_\_\_\_ Billing Address: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*\*Eligible for Early Bird Discount if received before 1<sup>st</sup> class of corresponding term*

**Option 2: Payments in Person\***

Initials: \_\_\_\_\_ I have elected to pay my child's tuition in person. I understand it is my responsibility and that Bull City Gymnastics has the right to terminate enrollment if payment is not made in full by the end of the term. I also understand my account will be charged \$25 for all paper or electronic checks resulting in NSF.

*\*Eligible for Early Bird Discount if paid in full before 1<sup>st</sup> class of term*

**Option 3: Partial Payment Plan**

Initials: \_\_\_\_\_ I have elected to divide my child's tuition into two payments due at the beginning of the term and at the mid point of the term. I understand Bull City Gymnastics has the right to terminate enrollment if payment is not made in full by the end of the term. I also understand my account will be charged \$25 for all paper or electronic checks resulting in NSF.

**Bull City Gymnastics  
Policies and Procedures 2009-2010**

**Registration:** A non-refundable membership fee of \$30 per student or \$75 per family (3 or more registered children) is required yearly.

**Payment of Fees:**

Payment by Debit or Credit Card Charge: Tuition will be charged to your debit or credit card on the 1<sup>st</sup> day of each term. You must sign an automatic payment authorization form. This type of payment is always eligible for the Early Bird Discount.

Payment in Person: Payment is due by check, credit card or cash by the first class of each term. The Early Bird Discount is applied only if tuition is paid in full before the first class of the term.

**Returned Checks:** A fee of \$25.00 will be charged for any checks returned by the bank for any reason. This fee applies to electronic and paper checks, and electronic credit/debit payments.

**Withdrawals and Refunds:** To withdraw from class the parent/guardian must inform school administration in person and complete and sign a withdrawal form no later than two weeks before the end of the term. Withdrawals are processed at the end of each term. If a student is unable to complete a term, make-ups will be offered to account for the difference. No refunds will be given. Bull City Gymnastics reserves the right to terminate lessons to any student without notice. In such a case, a refund for unused lessons will be given.

**Extreme Weather or Unexpected Interruption of Classes:** If the school must cancel classes due to extreme weather or events beyond our control, the student will be entitled to make up that class at a later date. Make-ups must be scheduled with the office to ensure space for your child. No refunds for lessons missed due to these reasons will be given.

**Substitutions:** The school reserves the right to provide a substitute teacher if the regularly scheduled teacher is ill or otherwise unable to teach classes. If feasible, the school may also combine two classes for that lesson.

**Attendance:** A minimum attendance level will be required. The school reserves the right to terminate lessons for any student who misses four or more sequential classes without written notice.

**Missed Classes and Make-ups:** As a courtesy to our customers, make-up classes may be taken for missed classes. Make-ups must be scheduled with the office to ensure space for your child. *Make-ups are limited to 2 per term and must be within the same term.* Account credit will be issued for missed classes due to extended illness or injury. Please inform the office immediately in this case.

**Dress Code:** Appropriate gym wear must be worn to all classes. A leotard for girls is preferred, but shorts and a t-shirt are acceptable. For male gymnasts, shorts and a t-shirt should be worn. Students are not permitted to wear jeans or jewelry, and long hair must be tied back for all classes.

**Parents' Responsibility to be Aware of Dates and Events:** It is the responsibility of the parent or adult student to be aware of all school activities and dates the school is open or closed. The school will post all such notices at the school and send appropriate notices home with the students. It is the responsibility of the parents or adult students to inform the school of any e-mail, address or telephone number changes.

**Care of Students:** The school is not responsible for providing before or after class care for students. Students are not to be left at the school for excessive time before or after class. Siblings of students must be supervised by the parent/guardian at all times while in the building and are not allowed in the gymnastics area or on any equipment.

**Injuries:** Parents, legal guardians of minor students, and adult students waive the right to any legal action for any injury sustained on school property resulting from normal gymnastics activity or any other activity conducted by the students before, during, or after class time. School waiver must be completely filled out prior to the start of classes.

**Photo Release:** BCG is hereby granted permission to take photographs of the students to use in brochures, websites, posters, advertisements, and other promotional materials. Permission is hereby granted for the school to copyright such photographs in its name.

**Gym Rules:** Only registered students are permitted to enter the gymnastics area. All parents, guardians, and siblings must use the bathrooms located in the lobby area. Gym bathrooms are for registered students only. Parents of young children may meet their children at the base of the staircase and escort them to the lobby bathrooms.

**I have read and understand the above policies and procedures and agree to abide by them.  
I understand that this agreement will stand until July 31, 2010.**

Student Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_