

BULL CITY GYMNASTICS

4502 Bennett Memorial Rd • Durham, NC • 27705 • (919) 383-3600
2011-2012 Registration Form (August 1, 2011 - May 26, 2012)

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 member & 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

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 guardian(s) 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
Policies and Procedures 2011-2012

Registration: A non-refundable membership fee of \$30 is required yearly. The membership is valid until July 31, 2012.

Terms and Priority Deadlines: The 2011-2012 school year is divided into 5 terms of enrollment. Beginning with Term 2, the Priority Deadline is the date by which payment must be made by current students to guarantee their class spot for upcoming terms. *After the Priority Deadline, any unpaid spots will be open to any new or previous student.* New students may enroll in a class with availability at any time, and tuition will be prorated.

Payment of Fees:

Auto-Payment by Debit or Credit Card Charge: After initial registration, tuition will be charged to your debit or credit card on the Priority Deadline prior to each term, and your child will be guaranteed their spot in class.

Payment in Person: After initial registration, payment is due by check, credit card or cash by the Priority Deadline to guarantee a spot in class for the upcoming term.

Withdrawals and Refunds: For families enrolled in the auto-pay system, to withdraw from class the parent/guardian must complete a withdrawal form no later than the Priority Deadline for the following term. Withdrawals are processed at the end of each term. All auto-payments will be terminated at the time of withdrawal. All families not on the auto-pay system will be withdrawn from class at the end of each term unless payment is made in full by the Priority Deadline. 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.

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.

Extreme Weather, Substitutions 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. 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.

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 may be issued for missed classes due to extended illness or injury. Please inform the office immediately should this occur.

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, on the school website, 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. BCG reserves the right to charge \$1/minute to students who are not picked up within 10 minutes after the end of their 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 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, 2012.

Student Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Bull City Gymnastics Family Payment Agreement 2011-2012

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Family Information

Student Name

Class Name

Day

Time

Sibling Name (Receives \$20 Sibling Discount)

Class Name

Day

Time

Date of First Class

<i>Class Name</i>	<i>Tuition per Term</i>
Parent and Tot	\$118
Preschool	\$138
Kindergarten	\$150
Super Boys (Beginner)	\$150
Elite Boys (Advanced)	\$150
Tumbling/Advanced Tumbling	\$150
Rising Stars (Beginners)	\$150
Shooting Stars (Intermediate)	\$150
Super Stars (Advanced)	\$150
Super Stars (2 hours/week)	\$220

Term	Priority Deadline	Term Dates
1		August 1 - September 24
2	September 17	September 26 - November 19
3	November 12	November 28 - February 4
4	January 28	February 6 - March 31
5	March 24	April 2 - May 26

Annual Membership Fee Due: _____
Membership privileges effective through July 31, 2012

Tuition due upon Registration: _____

Registration Total Due: _____

Paid: _____ Method: _____ Date: _____

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 *Priority Deadline prior to each term* starting _____ for instruction. I understand that my payment on the Priority Deadline will guarantee my child's spot in class, and that charges will continue through the final term unless I notify the office in writing prior to the Priority Deadline.

Master Card Visa Discover

Card Number

Expiration Date

Card Holder's Name

Option 2: Payments in Person

Initials: _____ I have elected to pay my child's tuition in person. I understand my child's ongoing spot in class can only be guaranteed for a term if payment is made in full by the Priority Deadline. I also understand my account will be charged \$25 for all returned checks.