

# 2021-2022



## After School Registration Form & Admission Policy



Prior to the admission to the Gymnastics Inc After School Program the following forms must be completed and signed by the parent/ guardian:

1. Registration Form and Fee
2. Gymnastics Inc Wavier
3. Financial Paperwork
4. Copies of legal documents if a child is not to be picked up by the non-custodial parent.

Enrollment Date: \_\_\_\_\_

Parent Registration Information:

Mother/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registration for the Gymnastics Inc After School Program guarantees and holds a spot for your child, covers administrative fees, insurance, advanced planning of staff and classroom supplies. The fee is to be paid prior to enrollment. **Registration will not be refunded at anytime.** This registration is **non-transferable**.

### Fees

**Registration Fee: \$125.00/Family (2 or more)      \$75/ for 1 child      Weekly Tuition: \$69.00/child**

*Method of tuition payment is by automatic draft by credit/ debit card.*

1<sup>st</sup> Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: Male Female

List any medical conditions or allergies that might require special attention. \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: Male Female

List any medical conditions or allergies that might require special attention. \_\_\_\_\_

**Office Use Only** Registration Amount \_\_\_\_\_ PAID by \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CARD \_\_\_\_\_ **Initial** \_\_\_\_\_

Gymnastics Inc \* 579 Burcale Road\* Myrtle Beach, SC 29579\* (843)236-9021\*

[Gymnasticsinc@aol.com](mailto:Gymnasticsinc@aol.com)/Gymnastics Inc Facebook Page

WAIVER / RELEASE FORM

**Athlete Membership Agreement and Information**

Fill in all blanks. Original signatures (photocopies or facsimiles not acceptable).

**Agreement**

In consideration of my membership in Gymnastics Inc, and my participation in Gymnastic Inc classes, event and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Gymnastics Inc.
2. **Readiness to Participate:** I will only participate in those Gymnastics Inc classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared for and practiced skills that I will perform. I will have the degree of confidence necessary to assure I can perform the skills by myself with coaches observation and assistance without injury.
3. **Medical Assistance:** I hereby give my consent to Gymnastics Inc and/or the Host Organization to Provide, through a medical staff of its choice, customary medical/athletic training 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 Gymnastics Inc and the sponsor of any Gymnastics Inc 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.

**Information**

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through:

\_\_\_\_\_

I am a citizen of the U.S. Yes No Signature of Athlete\_\_\_\_\_

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competition, and activities conducted by Gymnastics Inc.

Printed name of Parent/Guardian\_\_\_\_\_

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

I give Gymnastics Inc staff my permission to treat in case of minor injuries. **Initial**\_\_\_\_\_ Date\_\_\_\_\_

I give Gymnastics Inc permission to photograph listed child for marketing, personal gym photos or to sell to parents. **Initial**\_\_\_\_\_ Date\_\_\_\_\_

*I acknowledge that I have read, understand, and agree to comply with the admission policy of Gymnastics Inc. for the 2021-2022 School Year.* **Signature**\_\_\_\_\_

**Director/School Representative** \_\_\_\_\_ **Date**\_\_\_\_\_

# Parent Authorization Form

Please initial beside the following statements, provide your signature at the bottom along with the date.

Facility Names: Gymnastics Inc

\_\_\_\_\_ **A. CONFIDENTIALITY POLICY:**

I understand that my child's record shall be kept in a confidential manner and maintained on file at the child care center. The file shall be immediately available to the Department of Social Services, the child's teacher/caregiver, parent, or guardian upon request.

\_\_\_\_\_ **B. DISCIPLINE:**

Gymnastics Inc uses positive discipline techniques such as: positive reinforcement, redirection or distraction, limits, consistency, talking, offering choices, etc. Our staff is trained in conflict resolution and encourages children to help in providing positive solutions.

Do you understand the discipline policy of this facility?  Yes  No

Does this childcare facility use corporal punishment as discipline?  Yes  No

\_\_\_\_\_ **C. MEDICINE:**

At the strong recommendation from the Department of Social Services, Gymnastics Inc does not administer medicine. Please ask your child's doctor to make prescriptions for two times a day so that you can administer the medication before and after school.

\_\_\_\_\_ **D. EMERGENCY MEDICAL TREATMENT:**

I give permission to Gymnastics Inc to obtain emergency medical treatment for my child.

\_\_\_\_\_ **E. PHOTOGRAPHS:**

I give permission to Gymnastics Inc to take pictures of my child that may be used on bulletin boards or websites without the use of my child's name.

\_\_\_\_\_ **F. TRANSPORTATION:**

I give permission for my child to be transported to and from the facilities.

I give permission for my child to be transported on field trips.

\_\_\_\_\_ **G. EXTRA CURRICULAR ACTIVITIES:**

I give permission for assigned teachers and gym coaches to remove my child from care only for additional classes I have enrolled him/her in at Gymnastics Inc. During center operating hours, my child is to be escorted back to their childcare room upon completion of the enrolled additional class.

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

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

# 2021-2022

# Additional Pick Up Form

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

The following people are allowed to pick up my child, \_\_\_\_\_ from Gymnastics Inc., during the 2021-2022 school year.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

7. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

8. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

9. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

10. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

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

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

*(Please fill out and return if applicable)*

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDIT CARD)**

Company  
Name: GYMNASTICS INC.

Company  
ID Number: 562355629

I (we) hereby authorize GYMNASTICS INC., hereinafter called "COMPANY", to initiate debit entries to my (our) credit card account indicated below at the financial institution named below, hereinafter call "CREDIT CARD COMPANY", and to debit the same such account. I (we) acknowledge that the origination of credit transactions from my (our) account must comply with the provisions of U.S. law.

CREDIT CARD COMPANY NAME: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code on Credit Card: \_\_\_\_\_ Zip Code of Credit Card: \_\_\_\_\_

This authorization is to remain in full force and effect until "COMPANY" has received written notification from me (or either of us) of its termination in such time and such manner as to afford "COMPANY" and "CREDIT CARD COMPANY" a reasonable opportunity to act on it.

Name: \_\_\_\_\_

(PLEASE PRINT)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Financial Agreement for Gymnastics Inc's After School Program

Your Registration Fee is \$\_\_\_\_.00 . Registration for Gymnastics Inc guarantees and holds a spot for your child, covers administrative fees and insurance, and assists in determining the staffing of our facility. This registration is non-refundable and non-transferable. The deposit is to be paid prior to enrollment. The After-School program operates from August 17, 2021-June 3, 2022.

Parent/ Guardian's Name(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_

A. I agree to pay Gymnastics Inc for Child Care services.

B. My weekly tuition amount is \$\_\_\_\_\_.

### After School Rates

After School - Monday-Friday (2:30pm-6pm) \$69.00/wk

I understand tuition will be drafted from my bank account or charged to my credit card of choice every Monday. **Winter & Spring Break are the only exceptions.**

### C. Fee Payment Schedule

I understand that I am responsible for payment during the school year, **whether my child is present or not**. If I should ever decide to withdraw from the after-school program I will provide the Coordinator a two-week notice. This two week notice also allows the center proper time to ensure tuition fees drafted from the appropriate bank account will cease.

### D. Late Charges

If my child remains at Gymnastics Inc. past the scheduled pick-up or closing time, I agree to pay the late pick up fee as stated in the handbook. I understand late fees are due at pick-up. If the fee is not paid at pick-up, the fee will be charged to the account I have chosen with a \$10 processing fee.

**I acknowledge that I have received the Policies and Regulations, I understand,  
and agree to comply with the Handbook & Financial Agreement.**

Sign Here X \_\_\_\_\_

Date \_\_\_\_\_

Coordinator's Signature X \_\_\_\_\_

Date \_\_\_\_\_