2026-2027

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.
5. Set up IClassPro Account

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) **$75.00**/ for 1 child Weekly Tuition: **$82.00**/child

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

1st Child's Name: _____ Date of Birth: _____/_____/_____

Student's School: _____Grade:_____ Gender: Male Female

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

2nd Child's Name: _____ Date of Birth: _____/_____/_____

Student's School: _____Grade:_____ 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/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

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 2026-2027 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 __X_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:_____

2026-2027

Additional Pick Up Form

Parent/ Guardian's Signature_____ Date_____

The following people are allowed to pick up my child, _____ from Gymnastics Inc., during the 2026-2027 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:_____

Draft Date

_____

(Please fill out and return if applicable)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDIT CARD)

Company Name: GYMNASTICS INC.

Company ID Number: 562355629

I (we) herby 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 $75/ $125 . 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 19, 2026-June 9, 2027.

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) $82.00/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_____

Setting up IClassPro

Below are the steps for setting up your account properly. This is a customer portal which allows updates and upcoming important dates to be emailed out.

1. Scan QR Code attached at the bottom of this page or enter link
    a. https://app.iclasspro.com/portal/gymnasticsinc/create-account-01-verify-email

2. You will enter the email you will use for notifications and account updates, IClassPro will then send you an email with a verification code
3. You will then enter the verification code and submit
4. Next you will need to enter YOUR name
5. Then it will ask you what your relationship is with your student
6. Following that you will need to click that you do want to receive notifications about your student's classes or events, it will then prompt you to scroll down and fill in your phone number. Please use one that Is used and checked. You can then choose to add another phone number and click if you would like to receive text messages
7. Next you will be asked to create a password
8. Following this you will enter your address
9. Then you will confirm all information and hit create account
10. Finally, you will have to accept all terms and conditions… That is all for your information
11. Next you will be creating your students' profile, please fill out all information and then click save, it will then prompt you to accept the terms for your student. Click next and it will bring you to your students' profile. If you have another student this is where you can add them in.
12. You have completed your account set up for you and your child.