

DANIK School of Gymnastics Registration Form.

Please complete this form and return along with your annual registration fee of \$ 25.00

Student's First Name _____ Last Name _____

Event(s) that you want to participate in: Gymnastics _____ Tumbling _____ Cheerleading _____

Birthday ___/___/___ M ___ F ___ Age _____ Grade _____ School _____

Father Name: _____ Ocp. _____ Cell _____ SS# _____

Mother Name: _____ Ocp. _____ Cell _____ SS# _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work _____ Emergency _____ Name _____

E-mail: (We will send info about tuition reminders, camps/clinics, etc.) _____

Family Doctor _____ Phone: _____

Medical Insurance Co. _____ Policy# _____

Medical conditions, if any: _____

DANIK SCHOOL OF GYMNASTICS TERMS AND CONDITIONS

The undersigned, being the parent/legal guardian of the student enrolled with DANIK School of Gymnastics, INC does hereby agree to the following:

Billing and Payments: Tuition is paid monthly and due on the FIRS DAY OF EACH MONTH. All students will be charged a yearly non-refundable registration fee paid at the time of enrollment.

Terms: All tuition is due the first lesson of each months/session. You agree to pay all tuition covering classes for which your child is enrolled. No credit will be given for missed classes or nonattendance, except in cases of prolonged injury or illness. Make-up classes may be possible, but must be completed within 30 days and are subject to availability, or in during open gym. Accounts not current by the 10th of month will be considered past due and will be assessed a late fee of \$10 for each over due payment. We accept cash, checks (made payable to DANIK School of Gymnastics), as well as MC or VISA, we also offer an automatic tuition payment plan.

Automatic payment enrollment form

Name on card _____ Type of card <u>Visa</u> <u>MC</u> _____ (credit or debit)
Card Number _____ Exp. Date ___/___/___ V-Code _____ (3 digits)
I understand that DANIK School of Gymnastics will charge tuition to the above credit or debit card each month until I notify DANIK School of Gymnastics otherwise. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment as well as any late charges incurred.
Signature _____ Date _____

A \$20 charge will be assessed for any returned checks. Any accounts delinquent past 60 days will be subject to collection.

Cancellation: DANIK School of Gymnastics, INC must be notified if your child is not continuing enrollment in the subsequent month/session. If written notice is not received prior to the 25th of the month, you will continue to be billed for full tuition and be responsible to pay for that month's tuition.

Refunds: No refund will be allowed on prepaid tuition, dues or fees.

I HAVE READ AND ANDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.

Parent/Guardian Signature

_____/_____/_____
Date

